STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964766	**04/11/2016**
NAME OF PROVIDER OR SUPPLIER **PLEASANT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1543 HILL STREET JACKSONVILLE, FL 32202**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , 2016 a biennial relicensure survey was conducted at Pleasant Living Assisted Living Facility. Deficient practice was identified during the surveys.

0032 Resident Care - Elopement Standards

Based on policy and procedure review and staff interview, the facility failed to conduct and document elopement drills in the last year and a half, as required.

The findings include:

Review of the facility elopement policy and procedure and the log for drills revealed the last elopement drills were held in and of 2014.

During an interview with the Administrator on / at 12:20 pm she stated they have not conducted any elopement drills in the last year or so. She stated she knew they were supposed to be done.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview the facility failed to ensure two out of three sampled employees (B and C) had proof of a negative examination documented annually.

The findings include:

Review of the employee records for Employees B (Date of Hire:) and C (Date of Hire) revealed no documented evidence of a negative examination in the last year.

During an interview with Employee C on / at 12:35 pm she stated "I have an appointment on Thursday, / ." She indicated she knew she should have had one done in the last year.

During an interview with the Administrator on / at 12:31 pm she stated she was not aware that Employees B and C did not have evidence of freedom from in the last year.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to provide or arrange for 3 hours of in-service trainings in Activities of Daily Living (ADLs) and Behavioral Needs and 1 hour of Nutrition and Safe Food Handling within 30 days of employment for two out of three sampled employees (B and C).

The findings include:

Review of the employee records for Employees B (Date of Hire) and C (Date of Hire) revealed no documented evidence of in-service trainings in ADL and Behavioral Needs and Nutrition and Safe Food Handling within 30 days of their employment.

During an interview with the Administrator on / at 12:42 pm she stated Employees B and C had received all their other orientation in-service trainings but didn't know they needed these two trainings. She stated " That's something new I didn't know they needed to have. "

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview the facility failed to ensure the administrator (Employee A), as the designated person responsible for the facility's food service, received the required minimum 2 hours of continuing education in topics pertinent to nutrition and food service.

The findings include:

Review of the employee records for Employee A revealed she is the person responsible for the day-to-day supervision of food service at the facility. No documentation was found as evidence of the required minimum 2 hours of continuing education for food service.

During an interview with the Administrator on / at 1:30 pm she stated she had looked through her file and could not find any training certificates on topic related to food service.

Class III

0090 Training -

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on employee record review and staff interview the facility failed to provide or arrange for 1 hour of in-service trainings on the facility's policy and procedures regarding ( ) within 30 days of employment for two out of three sampled employees (B and C).

The findings include:

Review of the employee records for Employees B (Date of Hire) and C (Date of Hire) revealed no documented evidence of in-service trainings on .

During an interview with the administrator on / at 11:21 am she stated she did not know the employees needed to be in-serviced on the policy and procedure.

Class III

0093 Food Service - Dietary Standards

Based on document review and staff interview the facility failed to ensure the menus used by the facility were reviewed annually by a licensed or registered dietician and that substitutions to the menu were documented on a log and kept on file in the facility for 6 months.

The findings include:

Review of the facility menu on 04/ / revealed the date was / . It had been signed by a registered dietician.

During an interview with the administrator on / at 11:48 am she was not aware that the date on the menus was so old. She stated she knew that the menus needed to be reviewed annually.

During an interview with Employee C on / at 2:45 pm she stated the residents like to eat out at fast food restaurants when they get their money every month. When asked if she is documenting the substitutions to the menu she stated they do have a substitution log form but they have not been documenting the substitutions every day.

Review of the substitutions log revealed the log was blank.

Class III

L243 LMH - Training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **PLEASANT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1543 HILL STREET** **JACKSONVILLE, FL 32202**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on employee record review and staff interview the facility failed to provide or arrange for 6 hours of in-service trainings in Limited Mental Health within 6 months of employment for two out of three sampled employees (B and C) and 3 hours of continuing education biennially for Employees A.

The findings include:

Review of the employee record for Employee B revealed she was hired on . No documented evidence of 6 hours of Limited Mental Health training within 6 months of employment was found.

Review of the employee record for Employee C revealed she was hired . No documented evidence of 6 hours of Limited Mental Health training within 6 months of employment and 3 hours biennially was found.

Review of the employee record for Employee A revealed her last documented in-service training for Limited Mental Health was on .

During an interview with Employee C on / / at 2:30 pm she stated she has not received any training on Limited Mental Health from the Department of Children and Families or an approved provider. She stated the administrator has not given her training on Limited Mental Health either.

During an interview with the Administrator on / at 2:35 pm she stated that she has not received any updated trainings on Limited Mental Health. She produced the certificate for her original training on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Pleasant Living Facility
1543 Hill Street
Jacksonville, FL 32202

Dear Administrator:

This letter reports the findings of a state licensure abbreviated survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure
XG90

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