RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
J & S Assisted Living
1343 Johns Street
Jennings, FL 32053

RE: CCR #2016005197

Dear Administrator:

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

Enclosed 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 (386) 462-6201.

Sincerely,

Charles Bouy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N.W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	06/01/2016
NAME OF PROVIDER OR SUPPLIER **J & S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1343 JOHNS ST** **JENNINGS, FL 32053**	

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

0000 Initial Comments

On [redacted] a complaint survey (CCR#2016005197) was conducted at J & S Assisted Living (facility license number 11006). At the time of the survey deficient practice was found.

0002 Licensure - Unlicensed Facilities

Based on review of records and interview, the facility failed to ensure that two of two sampled residents (Resident #1 and #2) were discharged to a licensed facility. The facility failed to verify if a location was licensed and discharged Resident #1 and Resident #2 to an unlicensed location.

Findings Include:

On [redacted], a substantiated unlicensed activity(CCR#2016001928) complaint was conducted at 1405 Duval St. N.E., Live Oak, FL. During this survey, Resident #2 was observed living at the unlicensed facility.

On [redacted] at 1:30 PM, an interview was conducted with Resident #2's case manager. The case manager verified that Resident #2 was discharged to the unlicensed facility from the licensed facility.

On [redacted] the licensed facility's admission and discharge logs were reviewed. The log revealed that Resident #1 and Resident # 2 were discharged to the unlicensed facility which was the subject of a substantiated unlicensed complaint (CCR#2016001928).

On [redacted], a review of the facility discharge logs revealed that Resident #1 was discharged on [redacted] to the same unlicensed facility.

On [redacted], a review of the facility discharge logs revealed that Resident # 2 was discharged on [redacted] to the same unlicensed facility.

On [redacted] at 3:45 PM, an interview was conducted with Staff #1, who confirmed that Resident #1 and Resident #2 were discharged to the unlicensed facility.

CLASS III

0078 Staffing Standards - Staff

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Based on staff record review and interview, the facility failed to ensure that 3 of 5 sampled staff (Administrator, Staff A and B) had statements from their health care provider documenting freedom from communicable upon hire, and failed to ensure that the Administrator had documentation of annual freedom from ( ).

Findings include:

1. On / , a review of Staff A's record revealed the date of hire as , Staff B's date of hire as , and the Administrator's date of hire as 2015.

2. On / , a review of the Administrator's file revealed that a assessment was conducted on / . No record of current assessment was found for the years of 2015 and 2016 for the Administrator.

3. On / , a review of the Administrator's, Staff A's and Staff B's files were conducted. The file review showed no documentation revealing the Administrator, Staff A and Staff B was free from communicable .

4. On / at 3:45 PM during an interview Staff A, it was confirmed there was no annual documentation on file for the Administrator, and no documentation of freedom from communicable statements for the Administrator, Staff A and Staff B.

CLASS III

0079 Staffing Standards - Levels

Based on observation and interview, the assisted living facility failed to ensure a staffing work schedule reflecting a 24 hour staffing pattern was completed for the month of 2016.

The findings include:

1. On / at 12:15 PM, a tour was of the facility was conducted. It was observed during the tour of the facility that no employee staffing schedule was posted or available to be reviewed.

2. On / at 12:15 PM, an interview was conducted with Staff A. Staff A called the Administrator to inquire about the schedule. Staff A stated the Administrator was working on the schedule. Staff A and the Administrator failed to provide the employee staffing schedule.

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Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on staff record review and interview, the facility failed to ensure that 3 out of 5 sampled unlicensed staff (Administrator, Staff A and B), who provide assistance with self-administration of residents' medications, had received required 2-hour training each year in providing assistance with self-administration of medication. Additionally, the facility failed to ensure 2 out of 2 new employee sampled staff (Staff C and D), who provide assistance with self-administration of medication, had fulfilled the training requirements prior to assuming the responsibility.

Findings:

On / at 3:45 PM, Staff A confirmed that all staff (Administrator, Staff A, B, C and D) perform assistance with self-administration of medication. In addition, Staff A confirmed that all staff (Administrator, Staff A, B, C and D) are unlicensed staff members.

On / , a record a review revealed that the Administrator, Staff A and B failed to complete the 2 hour-annual training in assistance with self-administration of medication. Also, there was no documentation to support that Staff C and D ever completed the initial 4 hours of training in assistance with self-administration of medication.

Class III

0162 Records - Resident

Based on review of resident records and interview, the facility failed to maintain complete records for 2 out of 2 residents' records sampled (Resident #1 and Resident #2). The facility is required to maintain records of discharged residents up to 2-years.

The findings include:

1. A review of the admission and discharge record revealed that Resident #1 was discharged on /.

2. A review of the admission and discharge record revealed that Resident #2 was discharged on /.

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3. An interview was conducted on /17 3:45 PM with Staff A, who confirmed that Resident #1's records were missing and that some of Resident #2's records were missing. The facility was given until 5:00 PM on to provide the record materials for Resident #1 and #2. The facility failed to provide the requested documents.

Class III

L243 LMH - Training

Based on interview and review of staff records, the facility failed to ensure that 1 of 5 sampled staff members (Staff B), who have contact with the residents, completed a minimum of 6 hours of specialized training in limited mental health (LMH) within 6 months of being hired.

Findings include:

1. A review of the facility license on / revealed that the facility has a specialty license in Limited Mental Health (LMH).

2. On /, a review of Staff B's employment file was conducted. The review revealed that Staff B was hired on , and that Staff B failed to complete the 6 hours specialize training in limited mental health within the first 6 months of being hired by the facility.

3. On /at 3:45 PM, an interview was conducted with Staff A. Staff A confirmed that documentation for LMH training was not in Staff B's employee record. The facility was given until 5:00 PM on to provide documentation of the training. No documentation was received.

CLASS III