STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **JENNIFER GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7334 JENNIFER STREET** **PORT RICHEY, FL 34668**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, interview and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Clearinghouse), within 10 business days of initial employment, for one (Staff G) of four employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff G was hired . A review of facility's employee roster in the Clearinghouse conducted on 4/4/7 showed that Staff G's name was not listed.

The resident care supervisor was interviewed at 10:34 AM on concerning Staff G's name not being entered in to the employee roster. The resident care supervisor viewed the employee roster in the Clearinghouse on a laptop computer and stated that Staff G's name was not there.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017000971 and CCR# 2017003232) were conducted at Jennifer Gardens on . Jennifer Gardens, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 10043)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, interview and record review, the facility failed to provide licensed staff to meet the specific needs as indicated on the individual health assessment (1823). The facility did not provide the level of care required and designated about medication management and the omission of the statement that identifies if the individuals' needs can be met in an assisted living facility for two (Resident #5 and Resident #6) of four residents reviewed.

Findings included:

During an observation of lunch time medications at 11:47 am on , the med tech assisted residents with self-administration of their medication, for residents, #5 and #6.

In a focused record review of resident #5 and #6 at 12:16 pm on , it was revealed that the residents required medication administration as indicated on their Health Assessment (AHCA Form 1823).

In an interview with the resident care supervisor, at 4: 02 pm on , confirmed that the health assessment was marked needs administration with medication.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide a properly dated statement from a

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healthcare provider stating that the individual was free from communicable in one of four staff (Staff A) reviewed.

Findings included:

A record review of Staff A's employee record on at 2:28 pm revealed an undated statement of "free from communicable ."

In an interview with the resident care supervisor, at 4:08 pm on , they confirmed that the date was missing. The resident care supervisor stated, "it is hard to determine when or if it was completed within 30 days after beginning employment. I agree with you."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review the facility failed to provide documentation or arrange in-service training to facility staff providing direct care to residents for three of four staff reviewed (Staff A, Staff F & Staff G).

Findings included:

A record review of Staff A's record at 2:28 pm on , revealed non -compliance relating to the minimum one-hour in-service training documentation in control and resident rights in an assisted living facility.

A record review for Staff F's employee record at 2:49 pm on revealed non-compliance relating to the minimum one-hour in-service training documentation in control and resident rights in an assisted living facility.

A record review of Staff G's employee record at 3:16 pm on revealed non-compliance relating to the minimum one-hour in-service training documentation in resident rights in an assisted living facility.

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During an interview with the resident care supervisor, at 4:08 pm on , confirmed the required documentation was not in the personnel folders for Staff A, F, and G.. The resident care supervisor stated, "You are right, I do not see them in here."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide the required documentation of successful completion of the initial four hour training for unlicensed persons assisting with self-administered medications for two (Staff A and Staff E) of four staff reviewed.

Findings included:

A record review of Staff A's record at 2:28 pm on revealed non -compliance relating to the minimum 4-hour training documentation in assisting in self -administration of medication and medication management.

A record review of Staff E's record at 2:37 pm on revealed non-compliance relating to the minimum 4- hour training documentation in assisting in self -administration of medication and medication management.

In an interview with the resident care supervisor, at 4:08 pm on , they confirmed that the required documentation was not provided in the personnel file.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview and record review, the facility failed to maintain a file of dated menus kept on file in the facility for six months.

Findings included:

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A dining and food service review was conducted in the facility on . The resident care supervisor was asked to show the facility's file of six months of dated menus. At 10:02 AM on , the resident care supervisor stated that there was no file consisting of six months of dated menus.

Class III