| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968347** | **04/19/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**JEROLL CARE ASSISTED LIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**107 COFFEE ST SE**<br>**PALM BAY, FL 32909** | |

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

**0000 - Initial Comments**

A Limited Nursing Service (LNS) monitoring visit was conducted on , , 2017. Jeroll Care Assisted Living LLC, license #12239, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interviews the facility failed to ensure that 2 of 3 personnel records (A and administrator) contained documented evidence of a negative ( ) examination on an annual basis and failed to ensure 1 of 3 sampled staff (administrator) provided a written statement from a health care provider that indicated freedom from communicable .

Findings:

Personnel record review for staff A revealed she was hired on in the capacity of a caregiver. Her record contained a statement from a healthcare provider dated . . . . that indicated freedom from communicable . There was no evidence of a negative examination for 2016.

Personnel record review for the administrator revealed results of a chest x-ray dated . The record did not contain a written statement from a health care provider that indicated freedom from communicable and did not contain evidence of a negative examination for 2015 and 2016.

On at 1:15 pm, the administrator confirmed the findings.

Class III