STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968369	**06/26/2017**
NAME OF PROVIDER OR SUPPLIER **LEGACY AT ST JOHNS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 HILLCREST HEIGHTS AVE** **ST JOHNS, FL 32259**	

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

0000 - Initial Comments

On , 2017, an Extended Congregate Care monitoring survey was conducted at The Legacey of St. Johns Assisted Living (License #12250). Deficient practice was identified during the surveys.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on employee record review and staff interview, the facility failed to ensure the designated manager had taken and received a passing score on the core competency test within 90 days of assuming the position.

The findings include:

During a record review on , a review of the manager's employee file was conducted. The file did not contain proof of a passing score or completion of the core competency test for Assisted Living Facility Administrators.

During an interview with the manager and the administrative assistant on at 10:45 am, they both confirmed that he was the manager of this facility. He was promoted in of 2016, 6 months prior to the survey.

During a phone interview with the Administrator at 1:00 pm on , it was explained to her that because she is the Administrator of three facilities, she must designate a manager, per regulations. It was explained to her that the manager had informed this surveyor that he had been the manager since 2016 and he had completed his core training in 2015.

At the time of the investigation there was no core trained and tested manager at the facility to manage affairs in the absence of the Administrator.

Class III