STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	**10/02/2017**
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 , a unannounced complaint survey (CCR#2017007506) was conducted at J & S Assisted Living Facility (License number 11006). At the time of the survey deficient practice was identified.

0002 - Licensure - Unlicensed Facilities - 429.08 FS

Based on records review and interview, the facility failed to ensure that 1 of 6-sampled resident were discharged to a licensed facility. (Resident #5)

Findings:

On at 9:42 AM, review of discharge log revealed Resident #5 was admitted on from jail then discharged from the facility on to New Life facility in Gainesville, which is an unlicesed facility; no reason for discharge was noted/documented by the facility.

On at 10:25 AM, interview conducted with the facility Administrator who confirmed that Resident #5 was discharged to an unlicensed facility.

On a record review revealed no documentation the resident was provided with a 45-day notice prior to discharge.

On at 10:30 AM, an interview was conducted with the facility Administrator who confirmed that she had no documentation showing that Resident #5 was given a 45 day notice prior to discharge from the facility.

On at 12:00 PM, return call from Resident #5 case manager who confirmed that the resident was discharged to an unlicensed facility. She stated that she was not sure when and if Resident #5 was provided with a 45-day notice prior to discharge from the J & S Assisted Living Facility.

On at approximately 12:00 PM an interview was conducted with the case manager in refrence to resident #5 going to the unlicensed facility in Gainesville Florida. She stated that the resident did not want to go to the unlicensed facility when he was discharged.

A record review for J & S Assisted Living also shows in 2016 the facility was cited for discharging a resident to an unlicensed facility.

Unclassified

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	AL11966810	10/02/2017
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview the facility failed to provide a 45-day notice prior to discharge to another facility for 2 of 6 sampled residents. (Resident #4 and Resident #5)

Findings:

On at 9:45 AM, a review of the discharge log revealed Resident #4 was admitted on from Department of Children and Families then discharged on to the Centers with a documented reason for discharge indicated as "could not keep no longer".

On at 9:42 AM, review of discharge log revealed Resident #5 was admitted on from jail then discharged on to New Life facility in Gainesville, which was unlicensed; no reason for discharge was noted/documented by the facility.

On at 9:55 AM, Resident #5 records review revealed no documentation the resident was provided with a 45-day notice prior to discharge.

On at 10:00 AM, review of Resident #4 closed record revealed no supporting documentation, that resident was provided with a 45-day notice prior to discharge. There was no other documentation indicating the resident was discharged for a medical

On at 10:30 AM, an interview was conducted with the facility Administrator who confirmed that she had no documentation showing that Resident #4 and Resident #5 were provided with a 45 day notice prior to discharge from the facility.

On at 12:00 PM, return call from Resident #5 case manager who confirmed that the resident was discharged to an unlicensed facility. She stated that she was not sure when and if Resident #5 was provided with a 45-day notice prior to discharge from the J & S Assisted Living Facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	**10/02/2017**
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)

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On at approximately 12:00 PM an interview was conducted with the case manager in refrence to resident #5 going to the unlicensed facility in Gainesville Florida. She stated that the resident did not want to go to the unlicensed facility when he was discharged.

A record review for J & S Assisted Living also shows in 2016 the facility was cited for discharging a resident to an unlicensed facility.

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Class III