

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966659	(X3) DATE SURVEY COMPLETED 02/07/2018
NAME OF PROVIDER OR SUPPLIER JAMAICA SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 171 SW EULER AVE PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on at Jamaica Shores, License # 10806. The facility had deficiencies at the time of the visit.

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review it was determined the facility failed to ensure that new facility staff must obtain a one-time education course on and within 30 days of employment for 1 of 3 sampled staff (Staff B).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 10:30 AM, she was provided the opportunity to locate training in and within 30 days of employment for Staff B (date of hire noted as). The Administrator provided a certificate, dated , that noted 4 hours of / training. However, she did acknowledge this training was provided 3 months prior to hire at this facility.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interview and record review it was determined the facility failed to ensure the staff member (who is responsible for the facility's food service and the day-to-day supervision of food service had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 10:30 AM, she was provided the opportunity to locate the 2 hours of continuing education (annually) in topics pertinent to nutrition and food service in an assisted living facility. The Administrator acknowledged that Staff C is the Food Service Designee and that the only nutrition related training that could be located was provided on and it did not indicate the number of hours provided. The Administrator acknowledged a minimum of 2 hours (annually) was not located for 2016 and 2017 for the Food Service Designee (Staff C).

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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Class III 0086 - Training - ADRD - 58A-5.0191(9) FAC Based on interview and record review it was determined the facility failed to ensure facility staff who have regular contact with or provide direct care to residents with ADRD (and Related), shall obtain 4 hours of initial training within 3 months of hire; obtain an additional 4 hours of training within 9 months of employment for 2 of 3 sampled staff (Staff A, and Staff B); and 4 hours of continuing education annually for 1 of 3 sampled staff (Staff C). The findings include: 1) During interview and personnel record review conducted with the Administrator , on beginning at approximately 10:30 AM, she was asked why the following staff members (who provide direct care to residents with ADRD) had not received the 4 hours of initial training within 3 months of hire and 4 hours of training within 9 months of employment: a. Staff A: date of hire noted as . b. Staff B: date of hire noted as . 2) During interview and personnel record review conducted with the Administrator , on beginning at approximately 10:30 AM, she was asked why Staff C (with a date of hire noted as) and who has regular contact with and provides direct care to residents with ADRD had not received 4 hours of training annually. The Administrator stated she thought this only applied to facilities who advertise they provide services for ADRD residents. She was reminded her facility is secured (locked) and that the residents of this facility have ADRD and that the staff have regular contact and provide direct care for these residents. Class III Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on interview and record review it was determined the facility failed to maintain documentation in the employee's personnel file of the signed Attestation referenced in subsection 59A-35.090(2), F.A.C. for 3 of 3 sampled staff (Staff A, Staff B, and Staff C).		

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The findings include: During interview and personnel record review conducted with the Administrator, on beginning at approximately 10:30 AM, she was provided the opportunity to locate the signed Attestation form for the following staff and was unable to locate this required documentation: 1) Staff A: date of hire noted as 2) Staff B: date of hire noted as 3) Staff C: date of hire noted as Unclassified Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on interview and record review it was determined the facility failed to maintain the employment status of all employees within the clearinghouse within 10 days of any changes in status for 1 of 4 sampled staff (Staff D). The findings include: During interview and review of the clearinghouse roster conducted with the Administrator, on at approximately 10:30 AM, she was asked about the employment status of Staff D (date of hire noted as) as she was not noted on the , 2018 staff schedule. The Administrator stated Staff D had been terminated sometime in 2017. She did not provide an explanation as to why this former staff member's employment status was not updated on the clearinghouse roster. Unclassified		