STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968901	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **BARAK HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1473 W 14TH ST** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

On [redacted] a biennial survey was conducted at Barak House Assisted Living Facility located at 1473 W. 14th Street Jacksonville, Florida 32209. There were four deficiencies on the date of the survey.

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

Based on the record review and interview, the facility failed to have completed the resident health assessment for 1 out of 2 sampled residents (Resident #3).

The findings include:

Review of Resident #3's health assessment indicated no height or weight for the resident. Further review of this health assessment indicated no date of the exam from the examining physician. Per the admission and discharge log, the resident was admitted on [redacted].

In an interview with the administrator on [redacted] at 11:40 am, she stated that the health assessment for Resident #3 was not completed accurately and she did not consult with resident's physician to ensure it was completed.

Class III

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 address their policies regarding reporting resident [redacted], neglect, and [redacted] and [redacted] control, sanitation, and universal precaution.

The findings include:

A review of Resident #1's record revealed an admission date of [redacted]. The house rules found in the resident file revealed it did not address the facility's policies on reporting resident [redacted], neglect, and [redacted] and [redacted] control, sanitation, and universal precautions.

In an interview with Employee C on [redacted] at 10:35 AM, she confirmed the house rules do not address the facility's policy on [redacted] control and reporting [redacted].

Class III

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	AL11968901	02/12/2018
NAME OF PROVIDER OR SUPPLIER **BARAK HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1473 W 14TH ST** **JACKSONVILLE, FL 32209**	

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

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

Based on interview and record review, the facility failed to have 2 of 3 Employees (Employee B & C) have documentation of freedom from communicable and failed to have annual freedom from ( ) documentation for 3 of 3 Employees (Employee B, C, and the Administrator)

The findings include:

A review of Employee C's file revealed a hire of . The employee file did not have documentation of freedom from communicable or .

A review of Employee B's file revealed a hire of . The employee file did not have documentation of freedom from communicable or .

A review of the Administrator's file revealed the last freedom from statement was dated . In an interview with Employee C on at 11:15 AM, she confirmed the missing documentation for and communicable .

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that 1 of 3 employees (Employee B) received 3 hours of continuing education related to limited mental health, biennially.

The findings include:

A review of the Administrator's file revealed she received the initial training in Limited Mental Health on . There was no evidence of training related to mental health after .

An interview with Employee C on at 11:33 AM, she confirmed the missing continuing education documentation.

Class III