STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967305	**03/21/2018**
NAME OF PROVIDER OR SUPPLIER **CLASSY LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5714 PLUM HOLLOW DRIVE W** **JACKSONVILLE, FL 32222**	

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

0000 - Initial Comments

On , 2018 a biennial relicensure survey was conducted at Classy Living Assisted Living facility (License #11355). Deficient practice was identified during the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on facility document review and staff interview the facility failed to ensure that elopement drills were conducted twice a year.

The findings include:

Review of the elopement drills log on revealed the log was blank (photographic evidence obtained).

During an interview with the Administrator on at 6:20 pm, she stated that she had not been conducting elopement drills with her staff. She reviewed the blank log and confirmed the need to start doing them.

Class III

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

Based on employee file review and staff interview the facility failed to ensure that one employee (B) had obtained an annual screening for that documented freedom from .

The findings include:

During the biennial survey on , a review of the employee files was conducted. Review of the file for Employee B revealed no evidence of a test in the last year.

During an interview with the administrator on at 6:20 pm, she stated that she was not aware that Employee B did not have a test in his file. She reviewed his file and called Employee B. She asked him if he had had a test in the last year. When she hung up, she stated he had told her he had one done. She stated she would have him bring it to the facility.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967305	**03/21/2018**
NAME OF PROVIDER OR SUPPLIER **CLASSY LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5714 PLUM HOLLOW DRIVE W** **JACKSONVILLE, FL 32222**	

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

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

Based on employee file review and staff interview the facility failed to ensure the Food Service Designee (administrator) had obtained two hours of continuing education annually in topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

During the biennial survey on , a review of the employee files was conducted. Review of the file for Employee A revealed no evidence of two hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility in the last year.

During an interview with the administrator on at 6:20 pm, she reviewed her employee file and then stated that she was not aware that she needed two hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility. She stated she would get another class on food service completed right away.
Class III