STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911189	**03/27/2018**
NAME OF PROVIDER OR SUPPLIER **TAYLOR HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3937 SPRING PARK ROAD** **JACKSONVILLE, FL 32207**	

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

0000 - Initial Comments

On , 2018 an unannounced biennial relicensure survey with Extended Congregate Care was conducted at Taylor Home Assisted Living (License #5926). Deficient practice was identified during the survey.

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

Based on record review and staff interview, the facility failed to ensure that Agency for Health Care Administration Resident Health Assessments (AHCA 1823 form) were accurate and complete, for 1 of 2 residents (Residents #2).

The findings include:

Record review for Resident #2 found she was admitted to the facility on . Further record review found an AHCA 1823 form dated . Review of the form found on page 2, question D, "In your professional opinion, can this individuals needs be met in an assisted living facility, which is not a medical, nursing or , facility?" Given the option to check Yes or No, the physician checked, "No."

During an interview with the Administrator and Resident Care Director on at 1:40 pm, they stated that the Health Assessment for Resident #2 was not correct and the resident needs can be met in an assisted living facility. The Administrator and Resident Care Director then confirmed the meed to contact the doctor to get a new AHCA 1823 form with correct information.

Photographic Evidence Obtained

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on employee record review and staff interview the facility failed to ensure that staff not core trained receive the required training within 30 days of employment for Assistance with the Activities of Daily Living (ADL) and Behavior needs, Elopement response training, and Nutritional & Safe food handling, for 1 of 4 sampled employees (Employee D).

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

The findings include;

Record review showed Employee D was hired on [redacted] as a non-licensed Care Associate. A review of her training file revealed she did not have the required in-service for ADL and Behavior needs, Elopement response training, Incident reporting training, and Nutritional & Safe food handling within 30 days of employment, or at any time since the date of hire.

During an interview with the Business Office Coordinators on [redacted] at 12:34 pm, they confirmed Employee D did not have ADL and Behavior needs, Elopement response training, Incident reporting training, and Nutritional & Safe food handling training in her file.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on employee record review and staff interview the facility failed to ensure that 1 of 3 employees (Employee D) had received the required 4 hours training for [redacted] and Related [redacted] Level I within the first 3 months of the initial employment date.

The findings include:

Review of the advertising materials on [redacted] revealed the facility makes the following statement: "Memory Care Assisted Living at the facility provides residential and supportive services to older adults with [redacted] and other forms of [redacted]."

During a review of the file for Employee D, with a hire date of [redacted], no certificate of completion of "[redacted] and Related [redacted] Level I" was found in the employee file.

During an interview with the Business Office Coordinators on [redacted] at 12:34 pm, they acknowledged employee D did not have the required training in her file for [redacted] and Related [redacted]

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

Level I.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on document review and staff interview the facility failed to provide ( ) training in the facility policies and procedures regarding within 30 days of employment for 1 of 4 sampled employees (Employee D).

The Findings Include:

Record review confimred Employee D was hired on as a non-licensed Care Associate without core training. A review of her training file revealed she did not have the required training within 30 days of employment or at any time since the date of hire.

During an interview with the Business Office Coordinators on at 12:34 pm, they confirmed Employee D did not have the required training in her file.

Class III