STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health was conducted on . MJ Pavillion Inc. Assisted Living Facility License #12252 had deficiencies at the time of the visit.

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

Based on record review and interview, the facility did not obtain a resident health assessment form 1823 for 1 of 2 sampled residents (#1) that was dated 60 days before the admission date or within 30 days after the admission date.

Findings:

Review of the admission and discharge log revealed resident #1 was admitted into the facility on .

Record review for Resident #1 revealed the only resident health assessment form 1823 completed after her admission was dated .

On at 1:15 PM, the administrator confirmed the findings.

Class III

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

Based on house rules review and interview, the facility did not honor the Residents Bill of rights to have visitors between the hours of 9 AM and 9 PM for 2 of 1-sampled residents (#1 and #2).

Findings:

Review of the house rules for resident #1 and #2 revealed the facility's visiting hours were noted as 9 AM-8 PM. The visiting hours should be from 9 AM-9 PM.

On at 2 PM, the administrator confirmed the finding.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	07/12/2018
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 3 of 3-sampled Staff (A, B & C) documenting freedom ( ) and a statement documenting freedom from communicable for 1 of 3 sampled staff (A).

Findings:

On the administrator (staff A) was asked to provide her personnel record. The administrator said on at 1 PM that she had not put together a personnel record for herself. She said she did not have any documentation to confirm she was free from communicable including .

Personnel Record review for staff B a caregiver, hired in , revealed the last documentation to confirm she was free from was dated (was due , , and).

Personnel Record review for staff C a caregiver hired in 11/2015 revealed no documentation to confirm she was free from communicable including .

On at 1:30 PM, the administrator confirmed the findings.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on interview, the facility failed to have evidence that the administrator had successfully completed the Assisted Living Facility Core training requirements and competency test and had maintained 12 hours of continuing education hours in topics related to assisted living every 2 years.

Findings:

On the administrator hired in was asked to provided her personnel record. The administrator said on at 1 PM that she had not put together a personnel record for herself. She stated at the time she could not provide any documentation to confirm she had successfully completed the Assisted Living Facility Core training requirements and competency test and had maintained 12 hours of continuing education hours of continuing education in topics related to assisted living every 2 years.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on observation and interview the facility failed to ensure that 1 of 3 sampled staff (A) received the required in- service training within 30 days of hire.

Findings:

The administrator hired on who was observed on at 12 PM, providing direct care to the residents, she was asked to provide her personnel record. The administrator said on at 1 PM that she had not put together a personnel record for herself. She stated at the time she could not provide any documentation to confirm she had successfully completed the Assisted Living Facility Core training requirements and competency test. There was no documentation that she received the following training: 1- hour Resident rights in an assisted living facility and Recognizing and reporting resident , neglect, and and 1-hour Safe food handling practices.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the fire inspection report and interview, the facility failed to maintain a satisfactory fire inspection.

Finding:

Review of the facility's fire inspection report dated revealed it had 4 violations that needed to be corrected.

On at 11 AM, the administrator said she was trying to contact the fire inspector to discuss the violations that she did not feel were correct.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview, the facility did not maintain personnel records for 1 of 3 sampled staff (A).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	07/12/2018
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

On the administrator hired on was asked to provided her personnel record. The administrator said on at 1 PM that she had not put together a personnel record for herself.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to obtains weighs semi-annually and a contract for 1 of 2 sampled residents (#1) who required assistance with Activities of Daily Living (ADL).

Findings:

Review of the admission and discharge log revealed resident #1 was admitted into the facility on . Record review including review of the contract for resident #1 revealed there was no contract for the facility. The contract that was located in her file noted it was from MJ Pavillion at Drayton, a facility that the resident previously resided in. Further record review revealed the resident received hospice services and required assistance with her ADL's. The last weight documented was on (due).

On at 1:15 PM, the administrator said resident #1 resided at her other facility (MJ Pavillion at Drayton) and transferred to this facility and she was not aware that another contract was required. She said there were no weights obtained for 2018.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure that 3 of 3 sampled staff (A, B & C) employed greater than 6 months who would be in direct contact with mental health residents had completed 6 hours training in Limited Mental Health (LMH) provided by or approved by the Department of Children and Family Services.

Findings:

Review of the facility's license revealed that it was a licensed mental health facility.

Personnel record review revealed staff B, and Staff C all were employed greater than 6 months and would be in direct contact with mental health residents. There was no documentation to confirm a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

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

minimum of 6 hours of specialized training in working with individuals with mental health diagnoses provided or approved by the Department of Children and Families

The administrator (staff A) said on . . . . at 1 PM she had not put together a personnel record for herself and she had not taken the LMH training. She further stated staff B and staff C had not received the above training.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on the agency's online background screening website and interview, the facility failed to maintain a personnel record that contained background-screening results for 1 of 3 sampled staff (A).

Findings:

On . . . . the administrator was asked to provided her personnel record. The administrator said on . . . . at 1 PM that she had not put together a personnel record for herself. She said she did not have any documentation of her level II background screening results.

Review of the agency's background screening website on . . . . at 2:50 PM, revealed the administrator had eligible results.

Unclassified