STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969004	**07/19/2018**
NAME OF PROVIDER OR SUPPLIER **JUBILEE ASSISTED LIVING OF FLORIDA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16639 REDWOOD WAY** **WESTON, FL 33326**	

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

0000 - Initial Comments

An unnanounced Standard Relicensure survey was conducted on , , 2018 at Jubilee Assisted Living of Florida LLC, License # 12901. The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview, it was determined the facility failed to assist residents with assistance with self-administration of medication in accordance with procedures described in section 429.256 Florida Statutes (F.S.) specifically related to failure to read the medication label in the presence of resident for 5 out 5 sampled residents (Resident #1, #2, #3, #5 & # 7).

The findings included:

During observation of medication assistance with Staff A on the following was observed at 4:49: Staff A was not observed sanitizing hands any time during the observation for Resident # 7 and Staff A was not observed announcing medications before giving the medications to Resident # 7.

During observation of medication assistance with Staff A on the following was observed: 4:56 PM Staff A was not observed sanitizing hands before giving the medications to Resident # 5.

During observation of medication assistance with Staff A on the following was observed: 5:00 PM : Staff A was not observed sanitizing hands any time during the observation for Resident # 3 and Staff A was not observed announcing medications before giving the medications to Resident # 3.

During observation of medication assistance with Staff A on the following was observed: 5:04 PM: Staff A was not observed sanitizing hands any time during the observation for Resident # 2 and Staff A was not observed announcing medications before giving the medications to Resident # 2.

During observation of medication assistance conducted with Staff A, on the following was observed: 4:39 PM, Staff A signed the MOR for Resident # 1 before giving the medications to Resident # 1.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, facility failed to ensure that the Administrator and 1 sampled unlicensed staff member (Staff A) who currently have 4 - hours of required training as of the effective date of rule (, 2018) who provided assistance with self-administration of medication had successfully completed an additional two hours of training that focuses on the additional duties allowed prior to assisting with these duties.

The findings included:

On at 3:41 PM the personnel files for the Administrator and Staff A were reviewed for documentation in training in providing assistance with self-administered medications. After employee record review of the Administrator and Staff A it was determined that the Administrator and the staff did not complete the additional 2 hours of training. The four hour training noted with a completion date of for the Administrator and for Staff A;

The Administrator during interview on at 3:41 PM, stated that she was aware of the additional 2 hours of training. She stated that she called the Agency For Health Care Administration was told that the training was coming but not official yet. The surveyor informed the Administrator that the additional 2 hours of training effective date is , 2018.

The Administrator during interview at 3:41 PM on , confirmed that she occasionally assists with the administration of medications.

The Administrator during interview at 3:41 PM on , provided no further information for review.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and an interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the county by the required deadline for approval.

The findings included:

During interview with the facility's Administrator on at 11:32 AM, she stated that she does not

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have the CEMP. The Administrator stated that the CEMP had been submitted, but she did not know the exact date the CEMP was submitted. The Administrator was unable to locate any documentation showing an approval of the CEMP by the county at this time.

On at 2:17 PM, a county representative with the Emergency Management Division stated that the facility's CEMP was submitted , is under review by the review team, and no deficiencies have been cited at this time.

Class III