STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968973	**09/20/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER SHORES LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2317 GILMORE ST** **JACKSONVILLE, FL 32204**	

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

0000 - Initial Comments

On 09/20/2018, an emergency power plan monitoring survey was conducted at Silver Shores Living, Inc. Deficient practice was not identified during the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R 10/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATTS GUARDIAN CARE INC.	**7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**

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

0000 - Initial Comments

A follow-up visit to a complaint survey (CCR#2018003478) was conducted at Watts Guardian Care (License #10622) from 09/17/2018 to 10/08/2018. Watt Guardian Care had deficiencies at the time of the visit.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, staff interview, resident interview and facility document review, the facility failed to ensure the facility was under the supervision of a core trained and tested qualified Administrator and manager who were responsible for the operation and maintenance of the facility.

The findings include:

During observations on 9/17/2018 at 3:50 PM, Employee A, a caregiver, was the only staff member working.

During interview with Employee A, on 09/17/2018 at 4:10 PM, she stated she has worked at the facility since 03/16/2017. She stated she did not know who [Administrator on file] was and had never met her. She is the only person who works at the facility currently. She has a room here and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her. She stated she is not core trained and is not the manager. When asked who the facility's manager was, she named the owner.

During an interview with Resident #1 on 09/20/2018 at 3:15 PM, he stated he does not know who [Administrator on file] is. He has never seen her at the facility.

During an interview with Resident #4 on 09/20/2018 at 3:18 PM, he stated he does not know [Administrator on file]. He has never met anyone by that name.

Review of the staff schedule dated 09/01/2018 through 09/24/2018 revealed Employee A was the only person listed on the schedule (photographic evidence obtained).

Review of the personnel files revealed there was no personnel file available for the Administrator on file. Review of the personnel file for the owner revealed no certificate for core training. There was nothing, in writing, appointing the owner as the facility manager in the Administrator's absence.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R 10/08/2018
NAME OF PROVIDER OR SUPPLIER **WATTS GUARDIAN CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**	

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

During an interview with the owner on 09/20/2018 at 3:35 PM she stated that the Administrator's personnel file was at the other facility where she is currently the Administrator, as well. [Administrator on file] owns the other facility and she is there most days. She then stated she, the owner, is the Administrator of this facility. When asked if the Administrator on file appointed her in writing to be the administrator of this facility, she stated no. She stated "I'm the owner." When asked if she had taken the core training and competency test she said she had not, but she is working on it.

When given the name of the Administrator on file, the owner confirmed, "She's the Administrator." When shown the staff schedule and asked when [Administrator on file] is in this facility, the owner stated that she, the owner, takes care of everything at this facility because the Administrator runs another facility. She stated she knew that either she of Employee A needed core training/testing to serve as the manager in the Administrator's absence. She then admitted that [Administrator on file] is not at the facility and Employee A would not know her because as the owner, she takes care of everything herself, and she considered herself the manager.

She was asked to produce the personnel file for the Administrator on file. She did not have it. The owner called and spoke to her on the phone during the survey. When the owner hung up, she stated she would get the core certification, trainings and Level 2 background screening from her.

A review of the Florida Health Finder website was conducted and revealed the other facility the Administrator was said to be working at, which according to the owner was the reason she was not present at this facility, was no longer licensed. The closure date was listed as 6/5/2018. Photographic Evidence Obtained.

During an interview on 09/20/2018 at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having an Administrator on site who is core trained.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, staff interview, resident interview and facility document review the facility failed to provide the minimum staffing hours per week to meet the statutory requirement of 212 hours for six residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R **10/08/2018**
NAME OF PROVIDER OR SUPPLIER **WATTS GUARDIAN CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**	

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

The findings include:

During an observation on 9/17/2018 at 3:50 PM, Employee A, a caregiver, was observed to be the only staff member working. The admission and discharge log was present which showed the facility currently housed 6 residents (photographic evidence obtained).

During interview with Employee A, on 09/17/2018 at 4:10 PM, she stated she has worked at the facility since 03/16/2017. She is the only person who works at the facility currently. She has a room here and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her.

During an interview with Employee A on 09/20/2018 at 3:10 PM, she did not know who [Administrator on file] was and had never met her. She stated "I've never seen the lady before. She is never here."

During an interview with Resident #1 on 09/20/2018 at 3:15 PM, he stated he does not know who [Administrator on file] is. He has never seen her at the facility.

During an interview with Resident #4 on 09/20/2018 at 3:18 PM, he stated he does not know [Administrator on file]. He has never met anyone by that name.

Review of the staff schedule dated 09/01/2018 through 09/24/2018 revealed Employee A was the only person listed on the schedule (photographic evidence obtained).

During an interview with the owner on 09/20/2018 at 3:35 PM she stated that Employee A is the only staff member she has now, she stays at the facility and has her own room. When it was explained to her that one full time staff member working twenty four hours a day is only 168 hours per week and for a census of six residents, she needed to have staff hours equaling 212 hours per week. She stated she understood and acknowledged she would need to add another staff member or fill the hours herself.

During an interview on 09/20/2018 at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having a minimum of 212 staffing hours per week for a census of six residents.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R 10/08/2018
NAME OF PROVIDER OR SUPPLIER **WATTS GUARDIAN CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**	

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

Based on observation, staff interview, resident interview and facility document review, the facility failed to ensure the facility administrator had proof of 12 hours of continuing education in topics related to assisted living every 2 years. The facility failed to produce evidence of core training, core competency test requirements or a Level 2 background screening for the Administrator.

The findings include:

During observations on 9/17/2018 at 3:50 PM, Employee A, a caregiver, was the only staff member working.

During interview with Employee A, on 09/17/2018 at 4:10 PM, she stated she has worked at the facility since 03/16/2017. She stated she did not know who [Administrator on file] was and had never met her. She is the only person who works at the facility currently. She has a room here and is at the facility twenty four hours a day. When she needs a day off or has to go an appointment, the owner will come and fill in for her. She stated she is not core trained and is not the manager. She stated that the owner is the manager.

Review of the personnel files revealed there was no personnel file available for [Administrator on file]. Review of the personnel file for the owner revealed no certificate for core training. There was nothing, in writing, appointing the owner as the manager.

During an interview with the owner on 09/20/2018 at 3:35 PM she stated that the Administrator on file's personnel record was at the other facility where she is currently the Administrator, as well. The Administrator on file owns the other facility and she is there most days. She then stated she, the owner, is the Administrator of this facility, but said there was nothing in writing designating her in charge in the Administrator's absence. When asked if she had taken the core training and competency test she stated no, that she is working on it. When given the name of the [Administrator on file], she confirmed, "She's the Administrator." The staff schedule was reviewed and the owner was asked when [Administrator on file] is in this facility. the owner stated that she, the owner takes care of everything at this facility because [Administrator on file] runs another facility. She stated she knew that she needed to be core trained to be the manager, but she intends to get this completed in the future. She admitted that [Administrator on file] is not at the facility and Employee A would not know her because as the owner, she takes care of everything, and considered herself the manager.

She was asked to produce the personnel file for the Administrator on file. She did not have it. She called and spoke to the Administrator on file on the phone during the survey. When she hung up, she stated the Administrator would produce the core certification, trainings, and Level 2 background

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R 10/08/2018
NAME OF PROVIDER OR SUPPLIER **WATTS GUARDIAN CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**	

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

screening as evidence she completed the training to maintain her core certification.

During an interview on 09/20/2018 at 3:55 PM with the owner and Employee A, the owner expressed understanding of the statutory requirement of having evidence onsite that the the Administrator completed the training requirements, and held a current Level II background screening.

Class III

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

Based on observation, staff interview and facility document review the facility failed to maintain and up to date Admission and Discharge log for 3 of 6 residents, Residents #2, #8, and #9.

The findings include:

During an observation on 09/20/2018 at 3:00 PM, Residents #1, #3, #4, #6 and #7 were observed in the facility.

Review of the Admission Discharge Log revealed no discharge information for Residents #2, #8 and #9 (photographic evidence obtained).

During an interview with Employee A on 09/20/2018 at 3:05 PM, she stated that Resident #5 was out of the facility, but would be back later. She was asked to identify the current residents on the Admission and Discharge log. She pointed to Resident #1, #3, #4, #5, #6 and #7. She stated that Residents #2, #8 and #9 had been discharged. She did not know the discharge information or she would have completed the log. She stated "Oh, [the owner] does that. She knows where they went. I don't fill that in."

During an interview on 09/20/2018 at 3:55 PM with the owner and Employee A, the owner expressed understanding that she needed to maintain an up to date Admission and Discharge log.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on staff interview, and facility document review, the facility failed to maintain evidence in the personnel file that the Administrator had a Level II background screening done every five years and an Attestation of Compliance with Background Screening Requirements on file.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	R **10/08/2018**
NAME OF PROVIDER OR SUPPLIER **WATTS GUARDIAN CARE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7217 EUDINE DRIVE NORTH** **JACKSONVILLE, FL 32210**	

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

The findings include:

During an interview with the facility's owner on 09/20/2018 at 3:35 PM she stated that [Administrator on file]'s personnel file was at the other facility where she is currently the administrator, as well. [Administrator on file] owns the other facility and she is there most days. When given the name of the Administrator on file, the owner stated "She's the Administrator."

She was asked to produce the personnel file for the Administrator on file. She stated she did not have it. She called and spoke to the Administrator on file on the phone during the survey. When she hung up, she stated she would get the Level 2 background screening from her.

During an interview on 09/20/2018 at 3:55 PM with the owner and Employee A, the Owner expressed understanding of the statutory requirement of having evidence the Administrator had a Level II background screening every five years and an Attestation of Compliance with the background screening.

Class IV