STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	R **09/24/2018**
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

A revisit to the re-licensure survey was conducted on . . . . . MJ Pavillion Inc. Assisted Living Facility (License #12252) had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to obtain documentation of annual . . . . . ( ) exam required provided by a licensed healthcare provider or Florida Department of Health was completed for 1 of 1 sampled staff (A).

Findings:

Staff A's personnel record review revealed no documentation for the annual exam. Staff A is the Administrator for the facility.

On . . . . . at 3 PM, a telephone interview with the Administrator who confirmed the finding.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to have evidence the Administrator (staff A) successfully met the requirement of passing the required competency test for Assisted Living Facility.

Findings:

Administrator's personnel record review revealed no documentation that the required Assisted Living Facility competency test was successfully completed.

On . . . . . at 3 PM, a telephone interview with the Administrator who confirmed the finding.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

DEFICIENCY REMAINED UNCORRECTED

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

Findings:

Fire inspection document reviewed dated revealed the facility had 4 outstanding that needed to be corrected. (Photographic evidence attached)

On at 3 PM, in a telephone interview with the Administrator who confirmed the finding.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation, personnel record review and interview, the facility failed to ensure that 3 of 3 sampled staff (A, B, and C) who provide direct care to residents on a daily basis; and each was employed longer than 6 months at the assisted living facility; and the assisted living facility license posted, advertise specialty care for Limited Mental Health (LMH) did not complete the required 6 hours Limited Mental Health (LMH) training approved from Department of Children and Families (DCF).

Findings:

Observation on at 2:45 PM, an AHCA assisted living facility with specialty Limited Mental Health (LMH) license posted on the wall near the formal living .

1. Staff A's personnel record review revealed a date of hire of . Further review revealed there was no documentation that the required LMH 6 hours training was completed by DCF.

2. Staff B's personnel record review revealed a date of hire of . Further review revealed there was no documentation that the required LMH 6 hours training completed by DCF.

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SUMMARY STATEMENT OF DEFICIENCIES
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3. Staff C's personnel record review revealed a date of hire of . Further review revealed there was no documentation or no missing evidence showing that the required LMH 6 hours training completed by DCF.

On at 3 PM, a telephone interview with the Administrator who confirmed the above findings.

Class III