STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967826	**04/23/2019**
NAME OF PROVIDER OR SUPPLIER **JUSTIN FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10103 BAY WIND COURT** **TAMPA, FL 33615**	

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

0000 - Initial Comments

A re-licensure survey was conducted at the Justin Family Assisted Living Facility on . The provider had deficiencies at the time of the visit.

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

Based on observation and interview the facility failed to read the medication label aloud in the presence of one resident (Resident #4) of one resident sampled, who required assistance with self-administration of medication.

Finding included:

During an observation of assistance with medication self-administration for Resident #4, conducted on at 1:45 PM, Staff A popped the medication into a white cup in front of the resident and handed the cup to the resident. Staff A did not read the label to the resident.

In an interview with the administrator and Staff A conducted on at 2:45 PM both confirmed and acknowledged that Staff A had not read the label in front of the Resident #4.

Class III

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

Based on record review and interview the facility failed to provide a preservice orientation of at least two hours to one employee (Staff B) of two empoyees sampled.

Finding included:

During an employee record review conducted on it revealed that Staff B, with a date of hire of , had not received a preservice orientation prior to interacting with residents.

In an interview with the administrator conducted on at 11:00 AM the administrator confirmed that Staff B had not received a preservice orientation before interacting with the residents.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967826	**04/23/2019**
NAME OF PROVIDER OR SUPPLIER **JUSTIN FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10103 BAY WIND COURT** **TAMPA, FL 33615**	

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

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review, observation and interview the facility failed to maintain a 6-month substitution log on file and failed to maintain a 3-day supply of nonperishable food and water sufficient for drinking and food preparation for a census of five residents.

Findings included:

An attempted record review of the facility's substitution file conducted on revealed that the facility did not maintain a substitution log on file for 6-months.

In an interview with the administrator conducted on at 1:10 PM the administrator confirmed that the facility did not maintain a substitution log for the past 6 months.

During an attempted observation of the 3-day food supply and interview with the administrator conducted on at 12:05 PM the administrator confirmed that the facility did not have a 3 day supply of non-perishable food and drinking water for a resident census of five. No 3-day food supply was available for the facility.

Class III