

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966810	(X3) DATE SURVEY COMPLETED 04/17/2017
NAME OF PROVIDER OR SUPPLIER J & S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1343 JOHNS ST JENNINGS, FL 32053	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On , 2017, an unannounced biennial licensure survey was conducted at J & S Assisted Living (License #11006). During the survey deficient practice was identified. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on observation and interview, the facility failed to provide a decent living environment for 10 of 10 residents (#1 through #10). Findings: On at approximately 9:30 AM, a tour of the facility was conducted. It was observed that 5 of 5 residents' were filthy dirty and in disrepair. It was observed the toilet bowl in Resident #3's filthy dirty with feces (see photos). On at approximately 10:00 AM, the Administrator stated she has the carpets cleaned at least once a month in the residents' . She stated the toilet was not cleaned yet because she hadn't gotten to it. On at approximately 2:03 PM, an interview was conducted with Resident #5. During the interview Resident #5 was asked how often does the Administrator have the carpets cleaned in the resident . Resident #5 stated he has been in the facility since 2016 and he has not seen them cleaned yet. On at approximately 2:13 PM, an interview was conducted with Resident #6. During the interview Resident #6 stated she did not like it at the facility because it was filthy and they do not clean it. Class III 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on observation and interview, the facility failed to insure unlicensed staff provided assistance with self administration of medications as required for 1 of 1 residents (Resident #7). Findings: On , 2017 at approximately 2:30 PM, unlicensed Staff A was observed to provide assistance with self administration of medication for Resident #7. Staff A presented medication to Resident #7 stating		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966810	(X3) DATE SURVEY COMPLETED 04/17/2017
NAME OF PROVIDER OR SUPPLIER J & S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1343 JOHNS ST JENNINGS, FL 32053	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
"this is your G-U-A-N-F-A-C-I-N-E" spelling out the name of medication. Staff A did not read entire medication label in the presence of the resident which stated take 1 mg tab by mouth three times a day. On, 2017 at approximately 2:30 PM, an interview with Staff A was conducted concerning assistance with self administration of medications. When Staff A was questioned concerning proper technique for reading label to resident, she stated she just tells them the name of the medication. Class III 0076 - (.) - 58A-5.0186 FAC Based on record review and interview, the facility failed to have (.) Training documentation for 2 of 3 staff (Staff B and C). Findings On, a record review was conducted on care Staff B, who was hired in, and care Staff C who was hired on During the review it was observed Staff B and C did not have Training documentation in their records. On at approximately 2:45 PM an interview was conducted with the Administrator. She stated she could not find the training documentation for Staff B or C. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to provide in-service training documentation for Elopement Response Training and Incident Reporting Training for 2 of 3 staff (Staff B and C). Findings: On, a record review was conducted on care Staff B, who was hired in, and care Staff C, who was hired During the review it was observed both Staff B and C were missing Elopement Response Training and Incident Reporting Training documentation.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966810	(X3) DATE SURVEY COMPLETED 04/17/2017
NAME OF PROVIDER OR SUPPLIER J & S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1343 JOHNS ST JENNINGS, FL 32053	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at approximately 2:45 PM, an interview was conducted with the Administrator regarding the missing training documentation for Staff B and C. The Administrator stated she cannot finding the training documentation for Elopement Response or Incident Reporting training for Staff B and C. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview, the facility failed to have 3-day supply water for 9 of 10 residents for drinking and food preparation. Findings: On , 2017, at approximately 1:30 PM, an observation was made of the facility's 3-day supply of nonperishable food and water. It was observed there was only three one gallon containers of water in the 3-day supply. On , 2017 at approximately 1:45 PM, an interview was conducted with the Administrator concerning the 3-day water supply. The Administrator stated she was aware of the insufficient water supply because the staff had been drinking it. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to ensure all electrical systems worked in 3 of 5 residents' , for 5 of 10 residents (Residents #1, #2, #3, #5 and #6). Findings: On at approximately 9:30 AM, a tour of the facility was conducted. It was observed that three of the five resident lights were not operational for Resident #1, #2, #3 #5 and #6's On at approximately 9:45 AM, the Administrator was asked about the lights on the ceiling not working in resident for Residents #1, #2 #3 #5 and #6. She stated she knows they need to be repaired and she is going to have her handy man fix them. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/28/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966810	(X3) DATE SURVEY COMPLETED 04/17/2017
NAME OF PROVIDER OR SUPPLIER J & S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1343 JOHNS ST JENNINGS, FL 32053	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		