STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968516	**03/07/2018**
NAME OF PROVIDER OR SUPPLIER **CAMELLIA AT DEERWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **10061 SWEETWATER PKWY** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

On , 2018 a change of ownership survey (CHOW) was conducted at Camillia at Deerwood Assisted Living (License number 12415). In conjunction with the CHOW survey, a Limited Nursing Services survey was conducted. Deficient practice was identified during the surveys.

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

Based on record review and interview, the facility failed to ensure that the personnel records for one (1) of three (3) sampled direct care staff contained a written statement from a health care provider documenting freedom from communicable , a requirement within 30 days of hire.

The findings include:

During a review of Employee A's record on , it was discovered that the file did not contain a written statement from a health care provider documenting freedom from communicable . The date of hire was listed as .

An interview was conducted with the Business Office Manager, on at 2:30 pm. She acknowledged that she was the staff member responsible for maintaining employee records. She confirmed that Employee A did not have a written statement in her personnel file that documented the absence of communicable .

Class III