

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964766	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER PLEASANT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 HILL STREET JACKSONVILLE, FL 32202	

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

0000 - Initial Comments

On 4/5/2018, an unannounced abbreviated biennial re-licensure survey with Limited Mental Health (LMH) was conducted at Pleasant Living (License #9304). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on staff interview and record review the facility failed to obtain a current and completed Agency for Health Care Administration Resident Health Assessment (AHCA 1823 form) for 1 of 1 sampled residents (Resident #1).

The findings include:

Record review for Resident #1 found he was admitted to the facility on 11/11/2005. Further record review found the most current AHCA form 1823 was dated 11/11/2015. Review of the AHCA 1823 form found on page 4 question B: "Does the individual need help with taking his or her medications (meds)? Yes or No? If yes, please place a checkmark in front of the appropriate box below": revealed the Yes or No was not answered on page 4. There was no checkmark indicating if resident needs assistance with self-administration of medication, medication administration, or was able to administer without assistance.

During an interview with the Administrator on 4/5/2018 at approximately 12:20 pm, she confirmed the AHCA 1823 was outdated and abovementioned information was missing from the resident #1's AHCA Form 1823 and stated he had recently seen a physician, but she had not filled out the AHCA 1823 form yet.

Photographic Evidence Obtained

Class III

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

Based on document review and staff interview the Facility failed to ensure a statement from a health care provider showing no signs of a communicable disease was completed for 1 of 3 employee files reviewed (Employee B). In addition, 2 of 3 staff did not have evidence of freedom from communicable disease documented annually (Employee A and Employee B).

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964766	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER PLEASANT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 HILL STREET JACKSONVILLE, FL 32202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The findings Include: The file of Employee B showed a hire date of The file did not contain a statement from a health care provider indicating freedom from communicable It was found she did not have an annual . . . test and her most recent . . . test was in 2016. During a review of the file for Employee A, with a hire date of, it was found she did not have an annual . . . test and her most recent . . . test was in 2016. During an interview with the Administrator on at 12:59 pm she confirmed Employee B did not have a statement indicating freedom from communicable She also confirmed that the annual . . . test for Employee A and Employee B was out dated. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on employee record review and staff interview the facility failed to ensure that staff not core trained receive the required training within 30 days of employment for Control, ADL and Behavior needs, Elopement response training, Emergency Preparedness and Safe Food Handling, and Emergency Preparedness & Evacuation training for 2 of 3 sampled employees (Employee B and Employee C). The findings Include: Employee B was hired on as a non-licensed Care Associate. A review of her training file revealed she did not have the required in-service for Control, ADL and Behavior needs, Elopement response training, Emergency Preparedness & Evacuation training, and Nutritional and Safe Food Handling training within 30 days of employment, or at any time since the date of hire. Employee C was hired on as a non-licensed Care Associate. A review of her training file revealed she did not have the required in-service for Control, ADL and Behavior needs, Elopement response training, Emergency Preparedness & Evacuation training, and Nutritional and Safe Food Handling training within 30 days of employment, or at any time since the date of hire. During an interview with the Administrator on at 12:59 pm, she confirmed Employee B and Employee C did not have Control, ADL and Behavior needs, Elopement response training, and		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964766	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER PLEASANT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 HILL STREET JACKSONVILLE, FL 32202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Emergency Preparedness & Evacuation training. She also confirmed that Employee B and Employee C did not have the Nutritional and Safe Food Handling training in their files. She added, she would get the training in place as soon as possible. Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and staff interview the facility failed to ensure that staff not core trained receive the required training within 30 days of employment for () training for 1 of 3 sampled employees (Employee C). The findings include: Employee C was hired on as a non-licensed Care Associate. A review of her training file revealed she did not have the required / training. During an interview with the Administrator on at 12:59 pm, she confirmed Employee C did not have the required / training. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on document review and staff interview the facility failed to provide () training in the facility policies and procedures regarding within 30 days of employment for 2 of 3 sampled employees (Employee B and Employee C). The Findings Include: Employee B was hired on as a non-licensed Care Associate currently working who has not attended core training. A review of her training file revealed she did not have the required training. Employee C was hired on as a non-licensed Care Associate currently working who has not attended core training. A review of her training file revealed she did not have the required training.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964766	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER PLEASANT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1543 HILL STREET JACKSONVILLE, FL 32202	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
During an interview with the Administrator on _____ at 1:30 pm, she confirmed Employee B, and Employee C did not have the required _____ training. She stated she would have the training for employees as soon as possible. Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on record review and staff interview, the facility failed to provide an annual fire inspection report issued by the City of Jacksonville Fire and Rescue Department during the survey . The findings include: Record review of the City of Jacksonville Fire and Rescue Department Fire Prevention Division Fire Safety Inspection Report, revealed the facility had its last annual fire inspection on _____, with no violations observed. However, the facility has not had an annual fire inspection since that time. Interview with Administrator on _____ at 12:59 pm confirmed the facility did not have a current annual fire inspection report available at time of survey. Photographic evidence obtained Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on document review and staff interview the Facility failed to provide evidence of core training for the Administrator (Employee A). Employee A was hired on _____ as Administrator. A review of her training file revealed there was no core training certificate. During an interview with the Administrator on _____ at 12:59 pm she confirmed her file did not have any documentation showing she had been core trained. Class III		