STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964585	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **JANE ADAMS HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 NECTARINE STREET** **FERNANDINA BEACH, FL 32034**	

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

0000 - Initial Comments

On , a biennial relicensure survey was conducted at The Jane Adams House Assisted Living Facility. Deficient practice was identified during the survey.

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

Based on record review and staff interview, the facility failed to maintain on file a communicable statement for one of four sampled employee records (Employee B).

The findings include:

A review of Employee B's file on at 2:00 PM revealed no documentation from a health care provider stating the employee was free of any signs or symptoms of communicable within 30 days after beginning employment.

During an interview with the Administrator on 11/29/18 at 2:30 PM, he confirmed a physical had been performed for the employee prior to employment, however the documentation was not kept on file. Documentation was provided on , but it was completed after the 30-day window, on (the day of the survey).

Photographic evidence obtained.

Class III