RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Tyrrell Oaks - ARC
2201 Husson Avenue
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964064	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TYRRELL OAKS ARC	2201 HUSSON AVENUE PALATKA, FL 32177

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments	A 000		

On . . . . . an unannounced Biennial Licensure Survey was conducted at Tyrrell Oaks ARC in Palatka Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service	A 085		

(6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews 3 of 3 staff members (A, B, & C) did not have documentation in their records showing a minimum of 2 hours of continuing education for the past 2 years that pertain to nutrition and food service in an assisted living facility.

Findings:

During staff record reviews on . . . . . of staff members A's, B's and C's record, there was no documentation that showed that they had 2 hrs of continuing education for the past 2 years in nutrition and food service.

Agency for Health Care Administration

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TYRRELL OAKS ARC	2201 HUSSON AVENUE PALATKA, FL 32177

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A 085	Continued From page 1	A 085		

During interview with the administrator on at approximately 11:30 AM she stated that employees A, B, and C were responsible for the facilities food service and day to day supervision of food service.

The administrator could not provide documentation that staff had received the minimum 2 hrs of continuing education in nutrition and food service needed for the past 2 years.

Class III

A 090 SS=D 58A-5.0191(11) FAC Training - Do Not Orders — A 090

(11)
TRAINING.
(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule.
(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment.
(c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and Interviews 3 of 3 staff members (A, B, & C) did not have Do Not

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A 090	Continued From page 2	A 090		

Order Training.

Findings:

During record reviews conducted on of staff members A's, B's, & C's there was no documentation in their employee files showing that they had received 1 hour of training.

During an interview on at approximately 7:00 PM with facility staff member B stated that she did not no what a was.

During an interview on at approximately 8:00 PM with facility staff member A stated that she did not no what a was.

Class III