



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Husson Avenue Apartments-ARC
110 - 112 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
XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HUSSON AVENUE APARTMENTS-ARC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 - 112 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 On : unannounced biennial licensure survey was conducted at Husson House ARC Assisted Living Facility in Palatka Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000			
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one	A 077			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

JIG611

If continuation sheet 1 of 3

Agency for Health Care Administration

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A 077	Continued From page 1 facility shall appoint in writing a separate "manager" for each facility who must: 1. Be at least _____ and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, _____ 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility did not have a core trained manager for the facility which is supervised by an Administrator who supervises two assisted living facilities. Findings: On _____ at approximately 9:10 AM during an entrance conference with lead staff MM, she stated that she was in charge of the facility while the administrator is absent. She also stated that the Administrator is the Administrator of three separate facilities. On _____ at approximately 3:15 PM during an interview with the Administrator, he stated he	A 077			

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A 077	Continued From page 2 is the Administrator for two separate facilities. He said he is the Administrator for Husson Ave Apartment ARC assisted living facility located at 110-112 Husson Ave and Tyrell Oaks ARC assisted living facility located at 2201 Husson Ave, which is down the street. The Administrator said he does not have a core trained manager to oversee the Husson House or Tyrell Oaks when he is absent. On during a record review it was confirmed that employee MM is not core trained and that the Administrator supervises two separate assisted living facilities. Class III	A 077			