

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/09/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964069	(X3) DATE SURVEY COMPLETED 07/02/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Mandarin	STREET ADDRESS, CITY, STATE, ZIP CODE 10790 Old St Rd Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial licensure survey was conducted on . 2013. Emeritus at Mandarin had a deficiency found at the time of the visit.

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

Based on employee record review and an interview with the administrator, the facility failed to ensure that one of three employees reviewed (Employee C) was free from communicable . within thirty days of employment and . on an annual basis.

The findings include:

A review of Employee C's personnel record revealed he was hired on . as a medication technician, and that there was no documentation of freedom from communicable . within thirty days of employment, nor was there documentation of freedom from . since . 2012.

The administrator confirmed there was no documentation related to freedom from communicable . or annual . screening or testing for Employee C in an interview on . 2013 at 4:45 pm.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus at St.
150 Mariner Health Way
St. FL 32086

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 2013 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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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