STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911143	08/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
John Knox Village Of Central F	101 Northlake Drive Orange City, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) survey was conducted on , 2013.
John Knox Village of Central Florida had licensure deficiencies found at the time of the visit.

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and staff interview, the facility failed to ensure that staff receive 2 hours of extended congregate care (ECC) training for 1 of 6 sampled employees, Employee C.

The findings include:

Employee C was hired as a nurse. Review of her training file did not reveal any ECC training had been completed. On the day of the survey, there were 6 residents receiving ECC services.

Interview with the Director of Nursing on at 12:45 p.m. revealed Employee C just finished 1 hour of training on but had not completed her second hour of ECC training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
John Knox Village of Central Florida
101 Northlake Drive
Orange City, FL 32763

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care 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

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KW/sm
Enclosure

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