STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965392	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Some Place Like Home, Inc.#2	2307 Smullian Trail N. Jacksonville, FL 32217	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

"REVISED"

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
On ..... an unannounced biennial licensure was survey was conducted at Some Place Like Home #2, an Assisted Living Facility. Deficient practice was identified at the time of the survey.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview, the facility failed ensure the resident contract included information to ensure resident received a 30 day notice before rate increase would take effect, as required for one of two records reviewed.

The findings include:

1. A review of Resident #2 ' s record revealed the following statement in her contract: " After this Admission Agreement has been in effect for (30) days, the monthly rate will be subject to immediate increase if the amount or frequency of assisted living services provided to the "resident" increase and this Agreement shall constitute advance notice thereof. Such rate will be prorated on a daily basis if the services are increased during the month. Thereafter, the new rate will be due on the first day of the month. "

2. On ..... at approximately 6:20 p.m. an interview was conducted with the Administrator. The Administrator confirmed the findings and stated the contract will be changed right away.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, the facility failed to ensure one of two unlicensed staff members followed the steps to properly assist one of two residents observed with the self-administration of medication (Staff E, Resident #2).

The findings include:

1. On ..... Staff E was observed using a syringe (without a needle) to draw .5 ml of ..... for resident #2. The staff member stated, " [Resident #2], I have your medicine " Staff E did not read the label to the

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resident.

2. On at 3:13 p.m. Staff E was interviewed. Staff E confirmed she was not a nurse. She stated she forgot to inform Resident #2 of which medication she would receive.

3. On a review of Staff E ' s employee record confirmed Staff E was not a licensed nurse.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure one of three staff members had yearly documentation from a health care provider stating the staff members were free from

The findings include:

A review of Staff A ' s employee record revealed Staff A was hired on Further review of Staff A record revealed Staff A did not have a screening conducted based on a examination conducted within the last six months by a health care provider.

On at approximately 6:30 p.m. an interview was conducted with the Administrator. The Administrator stated she thought she did not need a new statement from a health care provider for Staff A, because Staff A had a negative chest x-ray (more than 6 months prior to employment) and she was under the impression chest X-rays were acceptable for multiple years.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview, the facility failed to ensure three of three sampled staff members reviewed had certificates with the required information for their in-service training (Staff A, B, C).

The findings include:

1. A review of employee records for Staff A, B and C revealed each employee had an " Employee Orientation " list. The employee did not have a copy of a certificate which included: title of the training program, The subject matter of the training program, the training program agenda, the number of hours of the training program, the trainee's name, dates of participation, and location of the training program, the training provider's name, dated signature and credentials, and professional license number, if applicable.

2. A review of Staff A's employee record revealed staff A was hired on 07/24/2012. Further review of Staff A's employee record revealed did not have a copy of the following certificates with the required information in her records: training, resident rights, recognizing and report, incident reporting, emergency preparedness and

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evacuation training, and emergency preparedness and evacuation training and Do Not Resucitate Orders.

3. A review of Staff B's employee record revealed Staff B was hired on . Further review of Staff B's record revealed Staff B did not have a copy of the following certificates with the required information in her records: control, training, Activity of Daily Living and behavior needs training, resident ' s rights, recognizing and reporting , neglect and , incident reporting, and emergency preparedness and evacuation training and Do not Resucitate Order.

4. A review of Staff C's employee record revealed Staff C was hired on . Further review of Staff C's employee record revealed Staff C did not have a copy of the following certificates with the required information: training, resident rights, recognizing and report, incident reporting, emergency preparedness and evacuation training, and emergency preparedness and evacuation training and Do not Resucitate Orders.

5. On at approximately 6:35 p.m. the administrator was interviewed. The administrator confirmed the findings and stated she did not know the staff had to have certificates for their training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to post the menu in a conspicuous place for residents to view, document a meal substitution before the substitution was served and include portion size on the menu.

The findings include:

1. On at approximately 9:35 a.m. a tour of the facility was conducted. There was no menu observed in the resident area. At approximately 12:15 p.m. the menu was observed posted on the inside of the kitchen (not available for review by residents).

2. On at approximately 12:30 p.m. five of six residents were observed in the dining . Residents were served a bowl of melons.

3. A review of the menu revealed there were no portion sizes noted on the menu. Further review of the menu revealed residents were to be served fruit salad instead of melons.

4. A review of the substitution log revealed the staff did not document the substitution prior to serving it as a part of the lunch meal.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

"REVISED"

Administrator
Some Place Like Home, Inc.#2
2307 Smullian Trail N.
Jacksonville, FL 32217

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

JH/BB/KW/sm
Enclosure

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