STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964643	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bishop Christian Home	1627 East 8th Street Jacksonville, FL 32206	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And Cpr S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey with Limited Nursing Services standards, Limited Mental Health standards and a complaint survey, CCR #2013005577, was conducted on 2013. Bishop Christian Home had deficiencies found at the time of the visit. There were no deficiencies related to the complaint survey.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that at least one employee working at the facility had current valid certification in and First Aid for three of three employees reviewed (A, B, C).

The findings include:

A review of employee records for employees A, hired on as a caregiver, B, hired as the assistant administrator on and C, hired on as an aide, revealed that all three employees had a card from an internet site that was not offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

This was confirmed in an interview with the administrator on 2013 at 2:00 pm.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that each employee assisting with the self-administration, has completed two hours of medication update training for one of three employees reviewed (A).

The findings include:

A review of Employee A's training records revealed that he was hired on as a caregiver, and the last training he received in the assistance with self-administration of medications was on 2012. The employee should have received training in the assistance of self-administration prior to 2013.

This was confirmed in an interview with the administrator on 2013 at 2:00 pm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bishop Christian Home
1627 East 8th Street
Jacksonville, FL 32206

Re: CCR #2013005577

Dear Administrator:

This letter reports the findings of a state licensure biennial; Limited Nursing Services; Limited Mental Health and a complaint survey, CCR #2013005577, 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. There were no deficiencies related to complaint survey. 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 **32013** 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

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

KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054