STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0079-Staffing Standards - Levels-0
0085-Training - Nutrition & Food Service-0

Revisit Repeat Tags:
0161-Records - Staff-58a-5.024(2) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to the complaint survey, CCR# 2012011542 was conducted at Reffine's House in Jacksonville, Florida on 26, 2013. One deficiency was not corrected.

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and staff interview, the facility failed to ensure that personnel records were complete and available to review for 2 of 5 staff records. (#3, #5)

The findings include:

A review of Employee #3's record revealed that the employment application was not completed and did not have reference information filled out. There was no information provided to determine if a work history existed.

Medication Observation Records were initialed and signed by an Employee #5 as recently as There was no personnel record present for the employee. The employee's name had been written over of the posted schedule.

An interview with Employee #1 (assistant administrator) was conducted on at 6:30 PM. The employee confirmed that there was no available file for Employee #5 and that the reference section for Employee #3's record was not completed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Reffine's House
523 Fern Street
Jacksonville, FL 32206

CCR #2012011542

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

The deficiency should be corrected no later than 2013.

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 (904) 798-4201.

Sincerely,

Keisha Woods

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

KW/sm
Enclosure

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