STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964704	10/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Valiz's Place	3410 North Myrtle Avenue Jacksonville, FL 32209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0082 - 58a-5.0191(3) Fac - Training - 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
This was an unannounced biennial licensure survey conducted at Valiz's Place on 2013. Deficiencies were identified at the time of the survey.

0082-Training - 58A-5.0191(3) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that one of three employees (C) received training in I/Acquired Deficency topics.

The findings include:

A review personnel files revealed Employee C, hired as a caregiver, had no documentation of the completion of training within thirty days of employment.

This was confirmed in an interview with the administrator on 2013 at 4:00 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 two of three employees (B and C) did not receive two hours of continuing education, annually, on providing assistance with the self-administration of medications during the last 12 months.

The findings include:

A review of personnel records revealed Employee C, hired as a caregiver, last documented continuing education training for assistance with the self administration of medication occurred on 2012.

A review of personnel records revealed Employee B, hired as a caregiver, last documented continuing education training for assistance with the self administration of medication occurred on 2012.

Both employees had not had the required annual continuing education.

This was confirmed in an interview with the administrator on 2013 at 4 pm.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Valiz's Place
3410 North Myrtle Avenue
Jacksonville, FL 32209

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

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

JPL/KW/sm
Enclosure

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