STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910298	12/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Agnes St Hm For The Elderly	1346 Agnes Street Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure and Limited Mental Health survey was conducted on . 2013. Agnes Street Home for the Elderly had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that each employee was documented to be free from . an annual basis for two of three employees reviewed (A and B).

The findings include:

A review of employee records for A and B revealed that the facility failed to document freedom from . for these employees. Employee A and B were tested in . of 2012, but had not been tested in 2013. This was confirmed in an interview with the administrator on , 2013 at 1:30 pm.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that at least one employee is working in the facility that is certified in /First Aid (A, B, C).

The findings include:

A review of employee records for A, B and C revealed that the facility documented certification in . First Aid in 2012 with an uncertified Company, using the Internet. This was confirmed in an interview with the administrator on , 2013 at 1:30 pm. The administrator said that all employees used the same internet program and agreed that it was not the properly certified program.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Agnes Street Home for the Elderly
1346 Agnes Street
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health 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 , **2014** 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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JPL/RED/sm
Enclosure

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