STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932692	01/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'Arche Harbor House, Inc.	6610 Pottsburg Drive Jacksonville, FL 32211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated licensure survey was conducted at L'Arche Harbor House in Jacksonville, Florida on . 2014. Deficiencies were identified at the time of the survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility failed to ensure that the Administrator who supervised more than one facility appointed in writing a separate "manager" for each facility who was required to complete core training pursuant to rule 58A-5.0191 F.A.C.

The findings include:

A . 2014 review of a facility appointment letter naming Employee #3 as the "Designee for Sunflower House" also stated that in the manager's (Employee #1) absence, Employee #3 would act on the manager's behalf. The appointment letter was dated . 2013. (photo obtained)

A . 2014 review of the L'Arche Harbor House Community Members form revealed that Employee #3 was listed under "Sunflower House" as the "House Coordinator". Employee #1 was not listed at all under "Sunflower House", but was listed under the heading "Leadership Team and Administration" as a "Community Coordinator" along with Employee #2 who was also listed as a "Community Coordinator". Employee #2 was also listed on the Agency for Health Care Administration's (AHCA's) Facility Locator website as the facility administrator. (Photo obtained of Community Members form)

An interview with Employee #1 on at 10:58 AM revealed that Employee #3 did not have core training. When asked how many facilities Employee #1 supervised, Employee #1 replied, "Three." When asked whether Employee #1 was present in this facility every day, she replied, "No". When asked for the house manager who was appointed in writing, Employee #1 provided on letterhead that Employee #3 was the house manager. (photo) When asked whether Employee #3 had completed core training, Employee #1 replied, "no", and stated that she was unaware that the house manager was required to complete core training.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and staff interview, the facility failed to maintain a written work schedule which reflected it's 24-hour staffing pattern for a given time period for two of two employees (Employees #3 and #4), and one

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unsampled employee. (photo obtained)

The findings include:

A review of the employee work schedule revealed that it was developed to cover a 30-day period of time. It was set up in a calendar format with the dates written sequentially in boxes across the form. On the "Thursday" column of the form three sets of initials were noted beside hours of work scheduled. There were no other indicators written on the calendar signifying which employee was scheduled to work any given shift on any given day.

An interview with Employee #3 on at approximately 10:20 AM revealed that each of the employees working in the facility knew their hours of work, so Employee #3 didn't bother to write the employee names on the schedule with one exception. On Thursdays, he noted the initials of the scheduled employees beside their shifts. He stated that this was because three employees were working on Thursdays instead of two employees.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview, the facility failed to ensure that its designated manager successfully completed the assisted living facility core training requirements within 3 months from the date of becoming the facility manager.

The findings include:

A , 2014 review of a facility appointment letter naming Employee #3 as the "Designee for Sunflower House" also stated that in the manager's (Employee #1) absence, Employee #3 would act on the manager's behalf. The appointment letter was dated , 2013. (photo obtained)

A , 2014 review of the L'Arche Harbor House Community Members form revealed that Employee #3 was listed under "Sunflower House" as the "House Coordinator". Employee #1 was not listed at all under "Sunflower House", but was listed under the heading "Leadership Team and Administration" as a "Community Coordinator" along with Employee #2 who was also listed as a "Community Coordinator". Employee #2 was also listed on the Agency for Health Care Administration's (AHCA's) Facility Locator website as the facility administrator. (Photo obtained of Community Members form)

An interview with Employee #1 on at 10:58 AM revealed that Employee #3 did not have core training. When asked how many facilities Employee #1 supervised, Employee #1 replied, "Three." When asked whether Employee #1 was present in this facility every day, she replied, "No". When asked for the house manager who was appointed in writing, Employee #1 provided on letterhead that Employee #3 was the house manager. (photo) When asked whether Employee #3 had completed core training, Employee #1 replied, "no", and stated that she was unaware that the house manager was required to complete core training.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview the facility failed to ensure one employee (#4) of two

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sampled employees had the required training for incident reporting and food service within 30 days of hire.

The findings include:

A record review of Employee #4 was conducted on [redacted] during the biennial survey in which it was determined that no proof of training was found Employee #4's date of hire was [redacted] for incident reporting and food service as required within the first 30 days of employment.

An interview with the Administrator at 2:00 PM revealed that she could not produce any proof of training for incident reporting and food service.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
L'Arche Harbor House, Inc. IV
6610 Pottsburg Drive
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey that was conducted on 2014 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 **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 surveyors. Should you have any questions please call this office at

Sincerely,

Robert E. Dickson
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JG/RED/sm
Enclosure

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