STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Terrace Ortega	5760 Timuquana Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring survey was conducted at Arbor Terrace Ortega in Jacksonville, Florida on . 2014. Licensure deficiencies were identified as a result of the survey.

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and staff interview, the facility failed to ensure that direct care staff providing care to residents in an extended congregate care (ECC) program completed at least 2 hours of in-service training provided by the facility administrator/ECC supervisor within 6 months of beginning employment in the facility for 2 of 2 sampled employees. (Employees A and B)

The findings include:

A review on . . . of the personnel files for Employees A and B at 2:15 p.m., revealed that Employee A, who was hired on , and Employee B, who was hired on . . . had no documentation of provision of ECC training to date. (photos obtained)

An interview with the Clinical Services Director on . . . at approximately 2:55 p.m. confirmed that the training had not been provided to either employee. The clinical services director stated that all employees would have the required training by . . .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arbor Terrace Ortega
5760 Timuquana Road
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care and Limited Nursing Services survey that was conducted on , 2014 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,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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