STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968294	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Right Time Right Place Llc	6140 Cleveland Rd 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training

Specific Tag Findings:

0000-Initial Comments
A biennial licensure with Limited Mental Health and Limited Nursing Services survey was conducted on Right Time Right Place, LLC had Licensure deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to provide evidence of a statement from a health care provider showing staff do not have signs or symptoms of a communicable in 2 of 3 employee files reviewed (Staff B & C).

The findings Include:

1) The file of Staff B with a hire date of and the file of Staff C with a hire date of 11 did not contain a statement from a health care provider indicating freedom from communicable Both files contained statements of a negative result only.

2) During an interview with the Administrator on at 11:50 AM he stated the files of Staff B and Staff C do not contain a statement from a health care provider with evidence of freedom from communicable

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to provide required training for Infection Control for 1 of 3 staff (Staff C).

The findings include:

The file of Staff C, with a hire date of did not contain evidence of Control Training. During an interview with Administrator on @ 11:50, he confirmed no documentation of training in control for Staff C.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on staff interview and document review, the facility failed to provide 2 hours of continuing education in topics pertinent to nutrition, and food service to the individual responsible for the facilities day to day supervision

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of food service.

The findings include

During an interview with the Administrator on , at 10:45 AM he stated he is responsible for supervision of the day to day supervision of food service. He stated he had not completed the 2 hour training that is required annually.

On , at 11:00 AM the personnel file of the Administrator did not contain evidence of having completed the two hour training.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview, the facility failed to provide Limited Mental Health (LMH) training as required for 1 out of 3 sampled staff (Staff A).

The findings Include:

The file of Employee A revealed initial LMH training on . The file does not reveal 3 hours of continuing education that is needed every 2 years. During an interview with the Administrator on , at 8:30 PM, he stated he had not completed the continuing education.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Right Time Right Place, LLC
6140 Cleveland Road
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services and Limited Mental Health 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

JS/JM/sm
Enclosure

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