STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910323	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'Arche Harbor House, Inc. I	700 Arlington Road 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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

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

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and staff interview, the facility failed to ensure that resident elopement drills were conducted at least twice annually, pursuant to Sections 429.41 (1)(a)3., and 429.41 (1)(l), F.S. This potentially all residents within the facility.

The findings include:

A review of the facility elopement drill reports on revealed that elopement drills were not being completed twice annually. The most recent elopement drill on file was conducted in of 2013. Prior to that, the most recent elopement drill on file was conducted on , 2010. (photos obtained)

An interview with the Administrator on at approximately 3:00 PM confirmed that elopement drills had not been conducted per the requirement.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that direct-care staff received at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days of employment for 3 of 3 sampled employee files. (Employees A, B and C)

The findings include:

A review of the personnel files for Employees A, B and C on I revealed that Employee A was hired on I , Employee B was hired on , and Employee C was hired on . Further review of each of the employee files revealed that there was no training available for review.

An interview with the Administrator on I at approximately 3:00 PM revealed that she was unaware that the required training was not in the files. She stated that she would address the matter promptly.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910323	04/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'Arche Harbor House, Inc. I	700 Arlington Road Jacksonville, FL 32211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and staff interview, the facility failed to ensure that certificates of required employee training included the number of hours of the training program for 3 of 3 sampled employee files. (Employees A, B and C)

The findings include:

A review of the personnel files for Employees A, B and C on I/ revealed that required training certificates were missing the number of training hours provided as follows:

Employees A and B were missing the number of training hours provided on the following certificates: Activities of Daily :iving (ADL's) and behavioral needs training, training, elopement response training, emergency procedures and evacuation, reporting adverse incidents, resident rights, recognizing and reporting , neglect and , and safe food handling.

Employee C was missing the number of training hours provided for recognizing and reporting , neglect and

An interview with the Administrator on I/ at approximately 3:00 PM confirmed that the number of training hours were missing from the certificates. She stated that she would ensure that the matter was addressed promptly.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and staff interview, the facility failed to ensure that any person seeking employment with a provider, whose responsibilities required him or her to provide personal care or personal services directly to clients received a level II background screening for 1 of 3 sampled employees. (Employee A)

The findings include:

A review of the personnel file for Employee A revealed that Employee A was hired on . No letter of eligibility related to a level II background screening was located in the file.

An interview with the administrator on at approximately 3:00 PM confirmed that there was no level II background screening available for Employee A.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
L'Arche Harbor House, Inc. I
700 Arlington Road
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state licensure abbreviated 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 -4201.

Sincerely,

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

JG/JM/sm
Enclosure

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