STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	11968527	05/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Alice's Place	2317 W 25th Avenue 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 - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An Initial licensure survey was conducted on 2014.
Sweet Alice's Place had deficiencies found at the time of the visit.

007(58A-5.0186 FAC
Based on facility record review and an interview with the administrator, the facility failed to ensure that the facility has developed written policies and procedures that describe the implementation of state laws and rules relative to

The findings include:

A review of the facility records revealed that there is no policy or procedure in regard to . In an interview with the administrator, on 2014, at 2:30pm, the administrator stated that he had not developed a policy regarding .

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that the facility will be supervised by an administrator, who has completed the 40 hour core training and the core competency test for one of one employees (A).

The findings include:

A review of the employee A records revealed that there is no documentation of the completion of core training and the completion of the core competency test. In an interview with the administrator, on 2014, at 2:30pm, the administrator stated that he had completed both the core training and successfully passed the competency test. He also stated that at the time of the survey, he was unable to located the documentation.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that for one of one employees (A), have completed training in

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The findings include:

A review of the employee A records revealed that there is no documentation of training in . In an interview with the administrator, on , 2014, at 2:30pm, the administrator stated that he has not completed training in

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that the facility has one employee in the facility, that has been certified in /First Aid for one of one employee reviewed.

The findings include:

A review of the employee A records revealed that there is no documentation of the completion of training in /First Aid. In an interview with the administrator, on , 2014, at 2:30pm, the administrator stated that he has not completed training in /First Aid.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweet Alice's Place
2317 West 25th Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state initial licensure 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, PC
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

Please fax the missing policy on DNRO and CPR/first aid + inin to 904-359-6054 so that I may review and consider for a desk review. Thank you!

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054