STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966744	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ej's Place	5045 Doncaster Avenue Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on . E.J.'s Place, Inc. had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on staff interview and record review, the facility failed to achieve a completed health assessment for 1 of 4 sampled residents, (Resident #4).

The findings include:

Record review of Resident #4 health assessment dated reveals page 4 Section B, Self-Care Oversight Assessment was left blank, not checked yes or no for the question " Does resident need help with taking his or her medication. " The boxes below were also left blank for the " Needs Assistance with Self-Administration of Medication " and or " Needs Medication Administration." Page 5 of the health assessment for signature and date of administrator was also left blank.

at 12:22 PM an interview with the administrator revealed page 4, section B of Resident #4 health assessment was blank and page 5 of the health assessment was blank, and that both areas of the health assessment should have been checked and signed.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on staff and resident interview and record review, the facility failed to ensure that staff practices within their scope of training for glucose testing and measuring of for 1 of 4 sampled residents, (Resident #4).

The findings include:

at 10:31 AM an interview with Employee #A revealed she assists Resident #4 with his glucose testing. She stated, " I prick his finger because he can ' t do it himself, one of his arms is paralyzed " . She further stated, " He uses an Flex pen, I turn it to the amount he needs " . Employee #A said, he gets 14 units at breakfast, lunch and dinner, and he gets 30 units at night. Employee A confirmed that she was not a

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nurse, did not hold a license, and was hired as a caregiver.

A record review of Resident #4's Medication Observation Record revealed that the resident received Lantus 30 units at bedtime and Flex Pen 14 units three times a day with meals.

at 10:45 AM an interview with Resident #4 revealed all of the staff check his sugar for him. He said he can ' t use one of his arms so they have to do it for him. He stated, " They draw it (the) for me and I inject it " .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on staff interview and record review, the facility failed to ensure an employee was free from any signs or symptoms of a communicable for 1 of 3 employees reviewed.

The findings include:

Record review of Employee #A record revealed no documentation to support she was free of any signs or symptoms of a communicable . Employee #A was hired on .

at 12:00 PM with administrator revealed Employee #A does not have documentation that she is free of communicable . He stated, " I do not know why it is not in her record, my wife takes care of all the records " .

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to provide documentation of in-service training on ADL and behavioral needs, elopement response, emergency preparedness, incident reporting, nutritional and safe food handling, and recognizing and reporting in 1 out of 3 sampled employees (Employee #A).

The findings include:

A review of Employee #A file revealed a date of hire of . Further review found no documentation of in-service training on Activities of Daily Living (ADL) and behavioral needs, elopement response, emergency preparedness, incident reporting, nutritional and safe food handling, and recognizing and reporting .

In an interview with the administrator on at 12:00 PM, he confirmed that Employee #A does not have documentation of ADL and behavioral needs, elopement response, emergency preparedness, incident reporting, nutritional and safe food handling, and recognizing and reporting in her employee file. He stated he does not know why it is not in Employee #A's file, he does not handle that, his wife takes care of all the records.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL1966744	05/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ej's Place	5045 Doncaster Avenue Jacksonville, FL 32208	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0082-Training - / 58A-5.0191(3) FAC
Based on employee record review and interview with the administrator, the facility failed to provide 1 out of 3 sampled employees (Employee #A) training in ( ) within 30 days of hire.

The findings include:

A review of Employee #1 ' s file revealed a date of hire of . Further review found no documentation of training in .

In an interview with the Administrator on at 12:00 PM, he confirmed that Employee #A does not have documentation of training in in her employee file. He stated he does not know why it is not in Employee #A ' s file, he does not handle that, his wife takes care of all the records.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and interview with the Administrator, the facility failed to provide training in ( ) within 30 days of hire for 1 out of 3 sampled employees (Employee #A).

The findings include:

A review of Employee #A ' s file revealed a date of hire . Further record review revealed no documentation of training in .

In an interview with the Administrator on at 12:00 PM, he confirmed that Employee #A does not have documentation of training in in her file. He stated he does not know why it is not in Employee #A ' s file, he does not handle that, his wife takes care of all the records.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
EJ's Place
5045 Doncaster Avenue
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a state biennial 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 -4201.

Sincerely,

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

MB/JM/sm
Enclosure

921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
AHCA.MyFlorida.com