STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963906	06/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carriage Club Of Jacksonville	9601 Southbrook Drive Jacksonville, FL 32256	
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 S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Carriage Club of Jacksonville on , 2014. Deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable including for 1 of 1 sampled employees. (Assisted Living Director)

The findings include:

A review of the assisted living director's personnel file on revealed that her date of hire was however there was no documentation from her health care provider stating that she was free from communicable She did have a current test result in her file dated

An interview with the administrator on at approximately 12:05 PM confirmed that she did not have current documentation of freedom from communicable in her personnel file. She stated that it was her understanding that the test result was all that was required. She added that she would address the issue right away.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to ensure that documentation was maintained in the resident's record indicating that the resident was a current hospice patient for 1 of 1 sampled residents. (Resident #2)

The findings include:

A review of the clinical record for Resident #2 revealed that there was no current hospice certification on file.

During an interview with the assisted living director at approximately 12:15 p.m. on she acknowledged that the hospice certification was missing, and stated that she would follow up with hospice right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Carriage Club Of Jacksonville
9601 Southbrook Drive
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state licensure 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 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

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

JG/JM/sm
Enclosure

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