STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911189	06/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Taylor Home	3937 Spring Park Road Jacksonville, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Taylor Home in Jacksonville, Florida on 2014. Deficiencies were identified as a result of the survey.

E210-ECC - Training 58A-5.0191(7) FAC
Based on record review and staff interview, the facility failed to ensure that the Administrator, and the Extended Congregate Care (ECC) Supervisor completed core training and four (4) hours of initial training in extended congregate care within three (3) months of beginning employment in the facility as an administrator or ECC supervisor for 2 of 2 sampled employees. (Administrator, ECC Supervisor)

The findings include:

An interview with the ECC Supervisor/Director of Nursing on at 11:50 a.m. revealed that she had been working in the capacity of ECC Supervisor since 2013.

An interview with the Administrator on at 1:00 p.m. revealed that his date of hire at the facility was 2014. Further discussion confirmed that the Director of Nursing was the ECC Supervisor, and that the Administrator had not completed any training related to extended congregate care as of

During an interview with the Administrator and the Director of Nursing on at approximately 3:00 p.m., written confirmation of their dates of hire was requested, but was not received on or as requested.

A review of the ECC training completed by the ECC Supervisor/Director of Nursing on revealed that two (2) hours of training were completed. At 12:00 p.m., the ECC Supervisor confirmed that she had no further ECC training.

A review of the Administrator's Nursing Home Administrator's (NHA) license confirmed that it was current.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Taylor Home
3937 Spring Park Road
Jacksonville, FL 32207

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at .

Sincerely,

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

JG/JM/sm
Enclosure

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