STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968285	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Porter's Adult Care Inc	700 Day Ave Jacksonville, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey with Limited Mental Health (LMH) standards, as well as a review for increased capacity was conducted at Porter's Adult Care, Inc., in Jacksonville, Florida on , 2014. Licensure deficiencies were identified as a result of the survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for 1 of 3 sampled employees. (Employee C)

The findings include:

A review of the personnel file for Employee C revealed that she was hired on , and the certificate for training related to recording/reporting , neglect and was not available for review.

An interview with the administrator on at approximately 2:30 PM revealed that the administrator was unaware of the missing training documentation. She stated that she would ensure that the training was completed right away.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to maintain documentation of the completion of training in the facility's policies and procedures regarding for 1 of 3 sampled employees. (Employee C)

The findings include:

A review of the employee personnel files revealed that Employee C was hired on . The certificate related to training for Employee C was provided by the director of nursing at her previous place of employment. (photographic evidence obtained)

An interview with the administrator on at approximately 2:30 PM revealed that she thought Employee C's training from a previous place of employment was sufficient. The administrator stated that she would ensure this training was completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968285	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and staff interview, the facility failed to ensure that the direct-care staff received a minimum of 6 hours of specialized Limited Mental Health training provided or approved by the Department of Children and Families (DCF) within 6 months of employment for 1 of 3 sampled employees. (Employee B)

The findings include:

A review of the employee personnel files revealed that Employee B was hired on . There was no documentation of completion of the required 6-hour LMH training in Employee B's file.

An interview with the administrator on at approximately 2:30 PM revealed that she thought this training was only required for the administrator.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Porter's Adult Care, Inc.
700 Day Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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