AGENCY FOR HEALTH CARE ADMINISTRATION		
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966744	(X3) DATE SURVEY COMPLETED 07/30/2014
NAME OF PROVIDER OR SUPPLIER Ej's Place	STREET ADDRESS, CITY, STATE, ZIP CODE 5045 Doncaster Avenue Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0053-Medication - Administration-07/30/2014
0078-Staffing Standards - Staff-07/30/2014

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0082-Training - Fac
0090-Training - -5.0191(11) Fac

Revisit New Tags:
0007-Admissions - Criteria-58a-5.0181(1) Fac
0010-Admissions - Continued Residency-58a-5.0181(4) Fac

Specific Tag Findings:
0000-Initial Comments
A relicensure follow-up survey was conducted on 30, 2014. EJ's Place had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on resident record review and an interview with the administrator, the facility failed to ensure that one of four residents (Resident 4) met the requirements for admission.

The findings include:

A record review for Resident #4 revealed that the resident requires blood glucose testing and insulin injections four times a day. The resident is unable to be an active participant in the monitoring and injection of insulin. Interview with staff and the administrator on 30, 2014 at 10:30 am, confirmed the resident requires extensive assistance/administration of The administrator stated they do not have a nurse on staff and they have not sought the assistance of a Home Health company to monitor blood glucose and provide the nursing service to administer medications. The resident exceeds the ability of the facility to meet the needs of resident #4.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and an interview with the administrator, the facility failed to ensure that the health assessments were completed in full for 2 of 4 residents reviewed (2, 4).

The findings include:

A review of resident records for Residents #2 and #4 revealed that the health care provider did not state the type of assistance with medications that was required. This was confirmed in an interview with the administrator on July 30, 2014 at 10:30 am.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966744	07/30/2014
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)		

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on resident record review and an interview with the administrator, the facility failed to ensure that the health assessments were updated at least every three years for 2 of 4 residents reviewed (1, 3).

The findings include:

A review of resident records for Residents #1 and #3 revealed that the Health Assessment (AHCA Form 1823, 2010, had not been updated in the last three years. This was confirmed in an interview with the administrator on 2014 at 10:30 am.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and an interview with the administrator, the facility failed to document training in control, universal precautions, facility sanitation, incident reporting, emergency procedures, resident rights, reporting , behaviors/needs, activities in daily living, food handling practices, and elopement procedures for one of three employees reviewed (D).

The findings include:

A review of employee records for D (Date of hire found no documentation for training in control, universal precautions, facility sanitation, incident reporting, emergency procedures, resident rights, reporting , behaviors/needs, activities in daily living, food handling practices, and elopement procedures
This was confirmed in an interview with the administrator on 2014 at 10:30 am.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on employee record review and an interview with the administrator, the facility failed to document training in for one of three employees reviewed (D).

The findings include:

A review of employee records for D (Date of hire found no documentation for training in
This was confirmed in an interview with the administrator on 2014 at 10:30am.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and an interview with the administrator, the facility failed to document training

The findings include:

A review of employee records for D (Date of hire found no documentation for training
This was confirmed in an interview with the administrator on 2014 at 10:30 am.

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 revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

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

JPL/JM/sm
Enclosure

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