STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967464	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Josephine's Home Away From Home	1407 E Holland Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L243 - 58a-5.0191(8) Fac - LMH - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensuresurvey with Limited Mental Health services (LMH) was conducted on .

Josephine's Home Away from Home, assisted living facility, had deficiencies at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, two of three staff sampled (B;C) who assisted residents with their medication self-administration had no documented evidence available verifying they had received the initial 4 hours of training to provide this service.

Findings include:

A review of the personnel file for Staff B (hired) during the survey revealed that although he had received a 2-hr. medication update , further review found no documentation of a 4 hr. training having been obtained. In an interview with the administrator at approximately 12:50pm on , she verified that Staff B assisted residents with medications as a part of his duties, and that the 4 hr. training certificate could not be located.

A review of Staff C's record indicated that she was hired / and had no initial 4 hr. medication training. According to the administrator (during the same interview as noted above), Staff C assisted residents with their medications as part of her duties. However, she was unable to explain why neither Staff B nor C had their 4 hr. medication training certificates available.

Class III

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

Based on record review and interview, one of three staff sampled (C) who had been employed at the limited mental health facility least 6 months had not yet received the minimum 6 hours of specialized training in working with individuals with mental health diagnoses.

Findings include:

A review of the personnel file for Staff C (hired) during the survey revealed that this employee had no certificate of having completed the 6 hour LMH training. Interview with the administrator at approximately 2pm on verified that Staff C had not yet taken this course.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Josephine's Home Away From Home
1407 E Holland Ave
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) services that was conducted on , 2014 by representative(s) 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727)552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

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