STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942993	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Queen Of Angels	1645 Bartlett Avenue Orange Park, FL 32073	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0078-Staffing Standards - Staff-12/30/2014
0079-Staffing Standards - Levels-12/30/2014
0081-Training - Staff In-Service-12/30/2014
0082-Training -
0083-Training - First Aid And 30/2014
0092-Food Service - General Responsibilitie
0093-Food Service - Dietary Standards-
Z815-Background Screening; Prohibited Offenses-

Revisit Repeat Tags:
0000-Initial Comments-
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

0000-Initial Comments
A follow-up survey was conducted at Queen of Angles on 30, 2014. One deficiency was not corrected at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and staff interview the Administrator failed to complete core training and competency testing to renew his Administrators license subsequent to failing to obtain the required continuing education according to Statute 58A-5.019(1)FAC.

The findings include:

A review of the findings of the biennial licensure survey conducted at the facility on revealed the Administrator was cited for failing to obtain 12 hours of continuing education on a biennial basis. According to 58A-5.019(1)FAC, an administrator who has not maintained the continuing education requirements must retake the assisted living core training and the competency test.

A review of the employee file for the Administrator on revealed he did not retake the core training or pass the core competency test. This was confirmed during a conversation with the Administrator on at 1:05 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Queen Of Angels
1645 Bartlett Avenue
Orange Park, FL 32073

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

JS/JM/sm
Enclosure

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