STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967464	02/11/2015
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015001285, was conducted on .

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

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review the assisted living facility failed to ensure 1 of 3 sampled employees (Employee A) obtained documentation of a negative examination on an annual basis.

Findings include:

On a review of employee records revealed the last documented negative examination result for Employee A was on . No current documentation of a negative examination was located in Employee A file.

On at approximately 11:30 a.m. an interview was conducted with the assisted living facility Administrator. The Administrator confirmed that Employee B did not have a current examination. The Administrator states that her employees are x-rayed every five years to ensure that they remain free of . The Administrator stated she was not aware that a negative examination must be documented annually.

On at approximately 11:45 a.m. an interview was conducted with Employee A. Employee A stated her last examination was completed .

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interview and record review the assisted living facility failed to ensure 1 of 3 sampled employees (Employee B) who held a valid First Aid card remained in the facility at all times.

Findings include:

On a review of employee records revealed that no current First Aid certification existed for Employee B. The last First Aid certification for the employee expired on .

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On :/ a review of the assisted living facility staff schedule revealed that Employee B works alone at the facility when on shift.

On ... I/ at 11:30 a.m. an interview was conducted with the assisted living facility administrator. The Administrator stated she was unaware that First Aid Training due every 2 years.

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review that assisted living facility failed to ensure 1 of 3 sampled staff (Employee A) who has direct contact with mental health residents obtained the required 3 hours of continuing education of specialized training in working with mental health residents.

Findings include:

On I/ a record review of Employee A's employee file revealed a Limited Mental Health (LMH) training certificate dated . No evidence was located in Employee A ' s file to confirm that Employee A received additional training.

On ... :/ an interview was conducted with the assisted living facility administrator. The Administrator stated Employee A was due to take the LMH training in 2015. The Administrator stated she was unaware of the required biennial 3 hours LMH training update.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR# 2015001285

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on
, 2015, 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/kpr

Enclosure: State (5000-3547) Form

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