STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968481	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home For Me	7655 Collins Ridge Blvd Jacksonville, FL 32244	
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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) standards was conducted at Home For Me in Jacksonville, Florida on , 2015. 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 2 of 3 sampled employees. (Employees B and C)

The findings include:

A review of Employee B's and Employee C's personnel files revealed that Employee B's date of hire was and Employee C's date of hire was Required training related to activities of daily living (ADLs) and behavioral needs was only provided for one hour, not three hours as required. (Photographic evidence obtained)

A interview with the administrator at approximately 6:00 p.m. revealed that the administrator was unaware that the training requirement was three hours.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview, the facility failed to ensure that the administrator or designated person responsible for the facility 's food service and day-to-day supervision of food service staff obtained a minimum of 2 hours continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (ALF) for 1 of 3 sampled employees. (Employee A, Administrator)

The findings include:

A review of Employee A's personnel file revealed that his date of hire was The most current documentation of food service training was dated , more than two years overdue for renewal.

A interview with the administrator at approximately 6:00 p.m. confirmed that he was the designated food service supervisor. The administrator stated that he was unaware that he was required to obtain 2 hours of continuing education annually.

Class III

0162-Records - Resident 58A-5.024(3) FAC

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Based on record review and staff interview, the facility failed to ensure that the resident records included a copy of written informed consent related to unlicensed staff assisting with self-administration of medication for 1 of 4 sampled residents. (Resident #3)

The findings include:

A review of Resident #3's clinical record revealed that there was no informed consent related to unlicensed staff assisting with self-administration of medication.

During a interview with the administrator at approximately 3:30 p.m., after he had reviewed Resident #3's clinical record, he stated that there had been an oversight, and that he would have the form signed that day.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Home For Me
7655 Collins Ridge Blvd.
Jacksonville, FL 32244

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services and Limited Mental Health survey that was conducted on , 2015 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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