STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACE HOME LIVING FACILITY LLC	2821 HUNT STR JACKSONVILLE, FL 32254	

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

0000 - Initial Comments

An announced initial licensure survey with Limited Mental Health (LMH) standards was conducted at Grace Home Living, LLC., in Jacksonville, Florida on 2015. Deficiencies were identified as a result of the survey.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and staff interview, the facility failed to develop an activities program which provided diversified individual and group activities for at least six days per week, and for at least twelve hours per week.

Findings included:

During an initial licensure survey conducted on , all facility forms and policies were reviewed. The facility's provided no activities calendar for review.

At 9:35 a.m. on the Administrator acknowledged that she had not developed an activities calendar.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and staff interview, the facility failed to ensure that its written statement of house rules and procedures addressed and tobacco, medication storage, resident elopement, reporting resident , neglect and , and coordination of third party services.

Findings included:

During an initial licensure survey conducted on , all facility forms and policies were reviewed. The facility's house rules and procedures did not address and tobacco, medication storage, resident elopement, reporting resident , neglect and and coordination of third party services.

At 9:37 a.m. on , the Administrator acknowledged that she had not included a required topics in her house rules. She stated that she would make the necessary corrections.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and staff interview, the facility failed to develop detailed written policies and procedures for responding to a resident elopement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACE HOME LIVING FACILITY LLC	2821 HUNT STR JACKSONVILLE, FL 32254	

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

0032 Continued From page 1

Findings included:

During an initial licensure survey conducted on , all facility policies and procedures were reviewed. The facility had no policy and procedure related to responding to a resident elopement available for review.

At 10:03 a.m. on , the Administrator confirmed that she had not developed a policy and procedure related to elopement.

Class III

0076 - - 58A-5.0186 FAC

Based on record review and staff interview, the facility failed to develop written policies and procedures which delineated its position with respect to state laws and rules relative to .

Findings included:

During an initial licensure survey conducted on , all facility forms and policies were reviewed. The facility could provide no policy and procedure related to for review.

At 9:33 a.m. on , the Administrator confirmed that she had not developed a policy and procedure related to .

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and staff interview, the facility failed develop an admission and discharge log which would list the names of all residents, each resident's date of admission, the place from which the resident was admitted, whether or not the resident was admitted with a , the date of discharge, the reason for discharge, and the location of discharge. The facility also failed to maintain an emergency management plan on the facility premises.

Findings included:

During an initial licensure survey conducted on , all facility forms were reviewed. The facility had no admission and discharge log or emergency management plan available for review.

At 11:00 a.m. on , the Administrator confirmed that she had not developed an emergency management plan or an admission and discharge log. She stated she was unaware that she had to submit an emergency

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRACE HOME LIVING FACILITY LLC	2821 HUNT STR JACKSONVILLE, FL 32254	

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

0160 Continued From page 2

management plan to the local county emergency management division.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview, the facility failed to ensure that personnel records for each staff member contained a copy of the required level II background screening for one of three employees reviewed (Employee A).

Findings included:

During an initial licensure survey conducted on , all employee personnel files were reviewed. One of three employees (Employee A) had no verification of her background screening on file.

At 9:45 a.m. on , the Administrator confirmed that there was no copy of her level II background screening in her file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grace Home Living Facility LLC
2821 Hunt Street
Jacksonville, FL 32254

Dear Administrator:

This letter reports the findings of a state initial licensure 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,

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

JG/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com