STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910325	**06/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'ARCHE HARBOR HOUSE, INC. II	**700 ARLINGTON ROAD JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at L'Arche Harbor House. L'Arche Harbor House in Jacksonville, FL on , 2015. Deficiencies were identified.

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

Based on record review and staff interview, the facility failed to provide documentation from a health care provider confirming no signs of a communicable including for employee files reviewed (Employee A). In addition, one of four employees did not have evidence of freedom from documented annually (employee C).

The findings Included:

1) Employee A's personnel file confirmed a hire date of No statement from a health care provider indicating freedom from communicable was available for review.

2) During an interview with the Administrator on at 11:45 AM she stated Employee A did not have a statement indicating freedom from communicable

3) Employee C's personnel file confirmed a hire date in 2001. Her most recent test was read on with an expiration date of

4) During an interview with the Administrator on at 11:50 AM she stated that the annual test for Employee C was outdated.

Class III

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110, FAC

Based on record review and staff interview, the facility failed to report to AHCA (Agency for Health Care Administration) the change of administrator within 21 days of the occurrence of the change.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910325	**06/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'ARCHE HARBOR HOUSE, INC. II	**700 ARLINGTON ROAD JACKSONVILLE, FL 32211**	

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

Z821 Continued From page 1

The administrator of record with AHCA is not currently serving as the Administrator for L'Arche Harbor House II. It was discovered during the relicensure survey that a new Administrator had been appointed in _____ of 2014.

During an interview with the Administrator of record with AHCA on at 1:30 PM, she stated that another staff member had assumed the responsibility of Administrator in _____ of 2014. She agreed the facility had not sent notice to AHCA of the change of Administrator and said they would do so following the survey.

During an interview with Employee D on at 1:35 PM, she acknowledged serving as the Administrator for the Assisted Living Facility since , 2014.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
L'Arche Harbor House, Inc. II
700 Arlington Road
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 11, 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor

JS/JM/sm
Enclosure
XG90

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