STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965244	08/20/2015
NAME OF PROVIDER OR SUPPLIER **THE SUSAN REWIS HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7216 NW 22ND DRIVE** **JENNINGS, FL 32053**	

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

0000 Initial Comments

An unannounced Biennial and Limited Mental Health licensure survey was conducted at The Susan Rewis House Assisted Living Facility in Jennings, Florida on , 2015. Licensure deficiencies were identified as a result of the survey.

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure that a staff member holding a valid First Aid card was in the facility at all times.
Findings:
A review of Staff C's personnel record revealed no documentation of first aid training.
An interview was conducted with the Administrative Secretary on at 6:10 PM. She stated Staff B has first aid training and lives on site, however, when she is not on duty she is not required to be at the facility. She further confirmed that Staff C does not have a valid First Aid card in her personnel record.
An interview conducted with Staff C on at 6:13 PM revealed that she does have a first aid card however it is not here at the facility.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure that a certificate of training for assistance with self-administration of medication was documented in the personnel file for 1 of 3 records reviewed (Staff C).
Findings:
A review of Staff C's personnel record revealed no documentation of a training certificate for assistance with self-administration of medication.
An interview was conducted with Staff C. She states that she has had 4 hours of training. She also stated her certificate is not here at the facility.
An interview was conducted with the Administrative Secretary and she confirmed that the documentation for medication training is not in Staff C's personnel file.

Class III

0152 Physical Plant - Safe Living Environ/Other

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

Based on observation and interview the facility failed to provide a safe living environment for residents.
Findings:
An initial tour was conducted on [redacted] from 9:35 AM to 10:00 AM of the home. During the tour the [redacted] from the kitchen was observed to have flooring material in front of the toilet worn down to the wood beneath the flooring material. The flooring material is also lifted and peeling away in front of the vanity. (see photgraphic evidence).
The back porch of the facility was observed to have six chairs in poor condition (see photographic evidence). The seats of the chairs were observed to be ripped and the cloth appeared to be rotting. A resident was observed sitting in one of these chairs.
An interview was conducted with the manager at 9:45 AM. He confirmed the damage on the [redacted].

An interview was conducted with the manager on [redacted] at 6:29 PM. He confirmed the chairs on the back porch were ripped and were suppose to be thrown away.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Susan Rewis House
7216 NW 22nd Drive
Jennings, FL 32053

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Hayes

Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure

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