STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	09/25/2015
NAME OF PROVIDER OR SUPPLIER **REFFINE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **523 FERN STREET** **JACKSONVILLE, FL 32206**	

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

0000 Initial Comments

An unannounced assisted living relicensure survey with limited mental health was conducted on . Reffine's House had licensure deficiencies found at the time of the visit.

0083 Training - First Aid and

Based on employee record review and staff interview the facility failed to ensure that staff who are left alone with residents have current First Aid Training and certification for 3 of 3 employees sampled (employees A, B, C).

The findings include:

The personnel file for Employee A did not contain evidence of First Aid training or certification that meets state guidelines. The document found was issued by "Advanced Medical Certification." Advanced Medical Certification is not an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

The personnel file for Employee B and Employee C was reviewed and there was not found a First Aid Training or certification that meets state guidelines. The certificates found were issued by "National Healthcare Online." National Healthcare Online is not an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

During an interview with the Administrator on at 2:45 PM she stated she was not aware training by "Advanced Medical Certification" or "National Healthcare Online" does not qualify under state regulations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Reffine's House
523 Fern Street
Jacksonville, FL 32206

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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. **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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

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

JS/JM/sm
Enclosure
XG90

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