RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Henderson House
907 East Orange Avenue
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	R
NAME OF PROVIDER OR SUPPLIER **HENDERSON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 E. ORANGE AVENUE** **EUSTIS, FL 32726**	

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

0000 Initial Comments

A revisit on a complaint investigation (CCR 2015007590) was held at Henderson House Assisted Living Facility from to , which was in conjunction with a review of the Directed Plan of Action that was sent to the facility on . Deficient practice was found at the time of the revisit.

L243 LMH - Training

Based on record review and interviews the facility failed to ensure that 1 of 6 staff (staff D) completed the initial Limited Mental Health Training within 6 months of employment. Based on record review and interviews the facility failed to ensure that 1 of 6 staff (staff G) completed the necessary 3 hours of biennially continuing education training related to Limited Mental Health.
Findings include;
On , in a record review of staff D ' s personnel file, it indicated that staff D was hired by the facility on .
On , in a continued record review of staff D ' s personnel file, it indicated that staff D completed the Limited Mental Health training on , more than six months past her hire date.
On , at 4:45 PM, the facility administrator stated that she was unaware that staff D ' s initial Limited Mental Health training was out of compliance. The facility administrator stated that this is a problem she inherited from the prior administrator.
On , in a record review of staff G ' s personnel file, it indicated that staff G was hired by the facility on .
On , in a continued record review of staff G ' s personnel file, it indicated that staff G completed her initial Limited Mental Health Training on .
On , in a continued record review of staff G ' s personnel file, it indicated that staff G failed to complete the required 3 hours of Limited Mental Health training which is required every two years. The record review of staff G ' s personnel file indicated staff G has not completed any continued education training related to Limited Mental Health since / .
On , at 4:45 PM, the facility administrator when asked about staff G being out of compliance, stated that she was unaware of staff G not having completed all of her on-going training. The facility administrator stated she would take the necessary steps to provide additional training to staff G related to Limited Mental Health.
Class III