STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	10/07/2015
NAME OF PROVIDER OR SUPPLIER **LAFETA FAMILY HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1061 DIVISION STREET** **JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

A complaint investigation (CCR 2015009041) was conducted at Lafeta Adult Family Home Care on . Lafeta Adult Family Home Care had deficiencies at the time of the investigation.

0079 Staffing Standards - Levels

Based on observation and interview, the facility failed to ensure that at least one staff member who has access to facility and resident records in case of an emergency, was at the facility at all times.

The findings include:

On a complaint investigation was conducted. Upon entrance to the Assisted Living Facility (ALF) at 11:40 a.m., a young male (A) answered the door and reported that there were four residents currently residing in the facility. The young male identified himself as the Owner's son, and stated that he was not employed by the facility. A second young male was observed sleeping on the couch in the living area. Per A, the second young male (B) was also the son of the Owner and was employed by the facility. Per A, the date of the survey was B's first day of employment. At approximately 12:04 p.m. when a resident stood up from his wheelchair and appeared unsteady, the surveyor asked whether the gentleman required assistance. At that time, A woke Employee B, who got up and assisted the resident to his . Per A at 11:45 a.m., neither A nor B had access to resident files, employee files, medications or the admission and discharge log. A requested that the surveyor wait until the owner arrived. The owner of the facility arrived at 12:13 PM.

Class III

0161 Records - Staff

Based on record review and staff interview, the facility failed to ensure that personnel files for each staff member contained a completed application with references furnished for one (# B) of three sampled employees.

The findings included:

A review of Employee B's personnel file revealed that Employee B's employment application

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was incomplete. There was no date of hire or application date.

During an interview with the Owner/Administrator on at approximately 12:30 p.m. she confirmed that Employee B's level II background screening was not in his file or available for review. She confirmed that he had no documentation of freedom from communicable including , and she acknowledged that his application was incomplete and without a date of application or a date of hire.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview and record review, the facility failed to ensure that one (Employee B) of three employees had a level II background screening and was determined to be eligible for employment prior to providing direct resident care.

The findings included:

On a complaint investigation was conducted. Upon entrance to the Assisted Living Facility (ALF) at 11:40 a.m., a young male (A) answered the door and reported that there were four residents currently residing in the facility. The young male identified himself as the Owner's son, and stated that he was not employed by the facility. A second young male was observed sleeping on the couch in the living area. Per A, the second young male (B) was also the son of the Owner and was employed by the facility. Per A, the date of the survey was B's first day of employment. At approximately 12:04 p.m. when a resident stood up from his wheelchair and appeared unsteady, the surveyor asked whether the gentleman required assistance. At that time, A woke Employee B, who got up and assisted the resident to his . . . . Per A at 11:45 a.m., neither A nor B had access to resident files, employee files, medications or the admission and discharge log. A requested that the surveyor wait until the owner arrived.

Upon arrival of the Owner/Administrator at 12:13 p.m., a review of the employee personnel files was conducted. There was no personnel file on-site for Employee B. At approximately 12:25 p.m., the

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Owner/Administrator left the facility to retrieve a personnel file for # B. It was reviewed upon her return and there was no record of Employee B having had a level II background screening performed. There was no letter of eligibility in his file. There was no date of hire available, and there was no date noted on Employee B's application for employment. All available training certificates were dated 2014. (Photographic evidence obtained)

The Agency for Health Care Administration's Background Screening Website was reviewed on / . The website confirmed that Employee B had no current level II background screening.

On at approximately 12:30 p.m., an interview with the Owner/Administrator could not confirm that Employee B had had a level II background screening performed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lafeta Family Home Care
1061 Division Street
Jacksonville, FL 32209

RE: CCR #2015009041

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 Evalautor Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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