STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968046	
NAME OF PROVIDER OR SUPPLIER **MYRTICE ANGELS SENIOR HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 VERNON ST** **JACKSONVILLE, FL 32209**	

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

0000 Initial Comments

On , 2015 an unannounced biennial relicensure survey with Limited Mental Health (LMH) and Lim g Services (LNS) was conducted at Myrtice Angels Senior Home Care, LLC. Deficient practice was identified as a result of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conduc in the last that the person did not have any signs or symptoms of a communicable including for one of two sampled employees. (Employee A)

The findings included:

A review of the employee personnel files revealed that Emplo A was hired on . There was no documentation in her file of freedom from communicable

During an interview with the administrator at approximately 1:00 p.m., she confirmed that Employee A had no statement of freedom from communicable in her personnel file. The administrator stated that she believed it was in her second employee file at the administrator's second facility. The administrator left the facility to retrieve it, however, she did not return with the paperwork prior to the end of the survey.

Class III

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for one of two sampled employees. (Employee B)

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of the personnel file for Employee B revealed that required training related to elopement procedures was not available for review, nor was there a date of hire documented on file for Employee B.

During an interview with Employee A at approximately 11:30 a.m., she stated that Employee B was hired by the facility in 2014.

During an interview with the administrator at approximately 1:00 p.m., she confirmed that Employee B had no documentation of training in elopement procedures in his personnel file. The administrator stated that she believed it was in his second employee file at the administrator's second facility. The administrator left the facility to retrieve it, however, she did not return with the paperwork prior to the end of the survey.

Class III

0085 Training - Nutrition & Food Service

Based on record review and staff interview, the facility failed to ensure that the administrator or designated person responsible for the facility ' s food service and day-to-day supervision of food service staff obtained a minimum of 2 hours continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (ALF) for one of four sampled employees. (Employee D)

The findings included:

A review of the facility ' s employee personnel files revealed that Employee D (administrator) was the food service designee. The only qualifying food service training available for review was dated

During an interview with the administrator at approximately 1:00 p.m., she stated that she was unaware that she was required to complete two hours of continuing education annually as the food service designee.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, the facility failed to maintain a safe and decent living environment for three of three residents. (Residents #1, #2, and #3)

The findings included:

A tour of the facility at 9:15 a.m. revealed the following:
1. The top of the sink in the main the point where the sink met the wall had a large amount of build-up and dark brown/pink discoloration. The sink itself was coming away from the wall, and the top of the vanity was peeling.
2. The electrical socket adjacent to the sink in the main loose and coming away from the wall.
3. The soap dish in the main encrusted with dust, dirt and soap debris, and the baseboard was coming away from the wall.
4. The tub/shower in the main observed with a dark brown/black substance in the caulk line and in some of the grout.
5. The window sill in Resident # 3's broken and crumbling, and the mini- on the same window was missing slats. The remaining slats on that mini- were speckled with a dark green/black substance, and were very dusty.
6. The linoleum in the kitchen was chipped and coming up in places, the base of the filing cabinet in the kitchen was rusted and the baseboards throughout the facility were significantly soiled. (Photographic evidence obtained)

The administrator was out of the building when the survey was completed at 1:30 p.m. A list of concerns was left with the staff. A call was received at 2:08 p.m. on from the administrator who requested a return call related to the survey team's environmental concerns. This surveyor returned the call at 3:55 p.m. on / at the number provided, and received a message requesting an code. This surveyor called the facility's main number at 3:56 p.m. and again at 4:16 p.m. on The line remained busy.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0161 Records - Staff

Based on record review and staff interview the facility failed to ensure that one of three sampled employees had an employment application and a date of hire in their personnel file. (Employee B)

The findings included:

A review of the personnel file for Employee B revealed that there was no application on file or date of hire documented in the file.

During an interview with Employee A at approximately 11:30 a.m., she stated that Employee B was hired by the facility in 2014.

During an interview with the administrator at approximately 1:00 p.m., she confirmed that Employee B had no application or documentation of date of hire in his personnel file. The administrator stated that she believed it was in his second employee file at the administrator's second facility. The administrator left the facility to retrieve it, however, she did not return with the paperwork prior to the end of the survey.

Class III

L243 LMH - Training

Based on record review and staff interview the facility failed to provide Limited Mental Health (LMH) training for one of three sampled employees (Employee B), and it failed to ensure that one of three sampled employees (Employee A) had the minimum required number of LMH continuing education hours.

The findings included:

A review of the personnel file for Employee A revealed that required continuing education related to Limited Mental Health was not available for review. The date of her most recent LMH training was dated

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SUMMARY STATEMENT OF DEFICIENCIES
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I. A review of her application for employment revealed that she was hired on .

A review of the personnel file for Employee B revealed that required 6-hour training provided by the Department of Children and Families related to Limited Mental Health was not available for review, nor was a date of hire or an application on file for Employee B.

During an interview with Employee A at approximately 11:30 a.m., she stated that Employee B was hired by the facility in 2014.

During an interview with the administrator at approximately 1:00 p.m., she confirmed that Employee B had no application or documentation of training related to LMH in his personnel file. She confirmed that Employee A's most recent LMH training was dated . The administrator then stated that she believed the missing documentation was in both employees' second employee file at the administrator's second facility. The administrator left the facility to retrieve them, however, she did not return with the paperwork prior to the end of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2015

Administrator
Myrtice Angels Senior Home Care, LLC
2570 Vernon Street
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure; Limited Nursing Services and Limited Mental Health survey that was conducted on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

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

JG/JM/sm
Enclosure
XG90

Jacksonville Field Office
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