STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968548	11/10/2015
NAME OF PROVIDER OR SUPPLIER **LUCAS CARING HANDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10975 CAMPUS HEIGHTS LN** **JACKSONVILLE, FL 32218**	

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

0000 Initial Comments

On , 2015 a biennial relicensure survey was conducted at Lucas Caring Hands Assisted Living. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on Record Review and Interview, the facility failed to provide 1 out of 3 employees (C) reviewed with required trainings.

The findings include:

Review of Employee C Training file was conducted on / . Employee C was hired on / . There was no Activities of Daily Living Training in Employee C's file.

Interview was conducted with the Administrator at 12:09 pm on / . The Administrator stated that she did not have Employee C's training at the time of the survey.

On / / , the facility's Administrator sent the Activites of Daily Living training for employee C. Review of the certificate showed that Employee C completed the Activites of Daily Living Training on / / .

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to provide 1 out of 3 employees (B) reviewed with required First Aid Training.

The findings include:

Review of Employee B's training file was conducted on / . Employee B did not have documentation of completion of First Aid training in her file. Employee B was hired on .

An interview was conducted with the Administrator at 12:08 pm on / / . The Administrator stated that she did not have the First Aid Training for employee B. The administrator also stated that Employee

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B does work shifts alone in the facility.

Review of the staffing schedule on / showed that Employee B last worked alone on 1, 2015 (7:00 am-9:00 pm), , 2015 (24 hours), and , 2015 (7:00 am-9:00 pm). There were no other staff listed as working on those shifts. The Administrator confirmed the staffing on the schedule.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lucas Caring Hands
10975 Campus Heights Lane
Jacksonville, FL 32218

Dear Administrator:

This letter reports the findings of a state licensure 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 2, 2016.** 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,

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

JG/JM/sm
Enclosure
XG90

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