STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967825	12/14/2015
NAME OF PROVIDER OR SUPPLIER EJ'S PLACE INC #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5210 WITBY AVENUE JACKSONVILLE, FL 32210	

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

0000 Initial Comments

On , 2015 a biennial relicensure survey was conducted at E.J.'s Place 2 Assisted Living. Deficient practice was identified during the surveys.

0031 Resident Care - Third Party Services

Based on facility record review and staff interview, the facility failed to develop a policy and procedure for the coordination of the delivery of third party services.

The findings include:

A review of the facility records revealed no policy and procedure for the coordination of delivery of third party services for the residents in the facility.

During an interview with the owner/administrator on at 1:50 pm she stated she did not have a policy and procedure for the coordination of third party services. She stated she did not know she needed one.

Class III

0080 Training - Core & Competency Test

Based on employee record review and staff interview, the facility failed to ensure the administrator had 12 continuing education hours in the last 2 years in topics related to assisted living facilities.

The findings include:

A review of the employee record for the administrator revealed no proof to 12 hours of continuing education in topics related to assisted living facilities.

During an interview with the administrator on at 1:45 pm she stated that she did not have 12 hours of continuing educations hours in topics related to assisted living facilities. She stated she was going to take a training today but because of the this survey she could not go and she is scheduled to take training soon. She stated she knew she needed the hours.

Based upon Florida Administrative Code (F.A.C.) 58A-5.0191, An administrator or manager who has

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successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator and must retake the Assisted Living Core Training and retake and pass the competency test.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on employee record review and staff interview the facility failed to ensure the administrator received an annual training update on assistance with self-administration of medication.

The findings include:

Review of the employee file for the administrator revealed no proof of annual training on assistance with self-administration of medication.

During an interview with the administrator on at 1:22 pm she stated she did not have any training on assistance with self-administration of medication in the last year. She stated she knew she needed the training. The Administrator assisted with self-administration of medication.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview the facility failed to ensure the administrator or food service designee had 2 hours of continuing education annually.

The findings include:

A review of the employee record for the administrator revealed no proof of continuing education for food service annually.

During an interview with the administrator on at 1:30 pm she stated she did not have any training in the last year for food service. She stated she knew she needed it.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0093 Food Service - Dietary Standards

Based on facility record review and staff interview the facility failed to ensure the regular and therapeutic menus were reviewed by a registered dietician annually.

The findings include:

A review of the facility menus revealed the date on the menus was /

During an interview with the owner/administrator on at 2:05 pm she stated she did not have updated menus but was working with the dietician and the residents at her other facility to come up with meals they wanted to eat.

Class III

0181 Emergency Plan Approval

Based on facility record review and staff interview the facility failed to submit and obtain approval of an emergency management plan for the facility.

The findings include:

A review of the facility records revealed no proof of a current emergency management plan approved by the county. The last approval letter was dated

During an interview with the owner/administrator she stated that she has not submitted the emergency management plan to the county yet because she needed a fire safety inspection first. She stated she has yet to send it in to the county for approval.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ej's Place, Inc. #2
5210 Witby Avenue
Jacksonville, FL 32210

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 29, 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,

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

JD/JM/sm
Enclosure
XG90

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