STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968279	03/09/2016
NAME OF PROVIDER OR SUPPLIER **MASON HOUSE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8005 RENAULT DR H** **JACKSONVILLE, FL 32244**	

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

0000 Initial Comments

On , 2016 a biennial Assisted Living Facility relicensure survey with Limited Mental Health and Limited Nursing Services was conducted at Mason House. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on document review and staff interview the facility failed to provide evidence of a statement from a qualified health care provider indicating no signs or symptoms of a communicable for 2 of 2 employee files reviewed. (employees A & B).

The findings Include:

The file for Employee A, with a hire date / , did not have a statement from a health care provider indicating freedom from communicable .

The file of Employee B, with a hire date of did not have a statement from a health care provider indicating freedom from communicable .

During an interview with the Administrator on at 1:15 PM she agreed that there was no documentation of freedom from communicable for Employee A or B.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and staff interview the facility failed to provide evidence of updated medication training for 2 of 2 employees reviewed. (Employees A, B).

The Findings Include:

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A review of the personnel file for Employee A on revealed a hire date of . Documentation of an initial 4 hour medication training was found with an expiration date of . There was no evidence of updated medication training. Two hours of updated medication training is required annually.

A review of the personnel file for Employee B on revealed a hire date of . Documentation of an initial 4 hour medication training class was found with an expiration date of . There was no documentation of the 2 hour update to medication training in the file.

During an interview with the Administrator on at 12:30 PM she acknowledged that documentation demonstrating updated medication training was not in the employee files. She agreed the initial 4 hour training for Staff A and Staff B had expired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mason House, LLC
8005 Renault Drive H
Jacksonville, FL 32244

Dear Administrator:

This letter reports the findings of a state licensure; with Limited Mental Health and Limited Nursing Services survey that was conducted on , 2016 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 , 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

JS/JM/sm
Enclosure
XG90

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