STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	04/20/2016
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

On , 2016 a biennial Assisted Living Facility relicensure survey with Limited Mental Health was conducted at LaFeta Family Home Care. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to maintain documentation of required staff education for 1 of 3 sampled employees. (Employee B).

The findings include:

A review of the personnel file for Employee B on the day of survey revealed a hire date of . Documentation of required training was not found for Emergency Preparedness and Evacuation, Incident Report Training, Recognizing or Reporting , Neglect and or Nutritional & Safe food handling.

During an interview with the Administrator on at 2:30 PM she acknowledged that documentation of the trainings listed above were not in the file of Employee B.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to maintain a safe and sanitary environment for 5 of 5 residents.

The findings include:

During the tour it was observed the screen was missing and the window was open in # . It was also found the screen was not installed correctly (leaving an open space) and the window was open in # . There was no closet for hanging clothing in # . The dresser in # had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	**04/20/2016**
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)

a missing drawer and a broken drawer.

During an interview with the Administrator on at 2:30 PM she said the windows were open for and agreed that the screens were missing or out of place in #1 and #2. She stated, she had purchased a "portable closet" for #1 but had not yet assembled it. She agreed the drawer was missing from the dresser in # and said she would find a replacement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health 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,

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

JS/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com