STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968294	04/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIGHT TIME RIGHT PLACE LLC	6140 CLEVELAND RD JACKSONVILLE, FL 32209

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

0000 Initial Comments

On , , 2016 a biennial licensure survey with Limited Mental Health was conducted at Right Time Right Place, LLC. 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 current statement from a qualified health care provider indicating freedom from ( ) for 1 of 3 employees reviewed (employee A)

The findings include:

The personnel record for Employee A, who is the Administrator, did not have a current indication from a health care provider indicating freedom from . The employees last screen expired on .

During an interview with the Administrator on at 4:45 PM he stated he was aware he needed to obtain an updated screening.

Class III

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure that staff who are left alone with residents have current First Aid and ( ) that is offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health for 1 of 3 employees (Employees C).

The findings include:

The personnel record for Employee C was reviewed for First Aid and certification. A certificate was

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found from an online training course that is not an approved provider.

During an interview with the Administrator on at 4:15 PM he agreed that the training card in the file of Employee C was from an online course. He said he was not aware courses must be offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Class III

0161 Records - Staff

Based on document review and staff interview the facility failed to maintain personnel records as necessary for compliance determination for 1 of 3 staff reviewed (Employee C).

The findings include:

During a review of the employment file for Employee C there was not found documentation of compliance with Level 2 background screening as specified in Section 429.174, F.S. and Rule 58A-5.019, F.A.C.

During an interview with the Administrator at 4:30 PM he agreed there was no Level II background screen in the employment file for Employee C. He stated he did complete the background screen and was unable to print out the result.

The agency background screening website reveals the Administrator to have completed a Level II background screening for Employee C on . The results were "eligible."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Right Time Right Place, LLC
6140 Cleveland Road
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,

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

JS/JM/sm
Enclosure
XG90

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