STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964704	**12/08/2016**
NAME OF PROVIDER OR SUPPLIER **VALIZ'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3410 NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209**	

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

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the facility failed to ensure that 4 of 4 (Employee A, B, C, & D) sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations Background Screening Clearinghouse website.

The findings include:

Interview was conducted with Employee A, Administrator at 8:00 am on . The administrator stated that she had to work and that the only staff person in the facility is Employee B. Surveyor requested several items from the administrator and the Administrator stated that she will tell Employee B to give surveyor the information requested. Employee B gave the surveyor a list of the staff with their hire dates and said that the hire dates are the same date that staff filled out their application.

A review of Employee A's (Administrator/Owner) level II background screening showed an eligibility determination date of . Employee A stated via telephone conversation stated that she was hired in 2003.

A review of Employee B's level II background screening showed an eligibility determination date of . The employee information list given to surveyor by Employee B showed her hire date as . Employee B told surveyor that she been working for the facility for ten years as a care giver.

A review of Employee C's level II background screening showed an eligibility determination date of . The employee information list showed Employee A hire date as .

A review of Employee D's level II background screening showed an eligibility determination date of . The employee information list showed Employee A hire date as .

A review of the Agency for Health Care Administration's Background Screening Clearing house website on at 07:07 AM revealed that the facility did not have Employee A, B, C, nor D, as employees listed under the facility employee roster. There were no Employees listed on the roster.

Interview was conducted with Employee A, Administrator at 9:43 am on . She stated that she only does background screenings for the Employees. She stated that she does not know about an Employee Roster on the Agency for Health Care Administration ' s Background Screening Clearinghouse website. She stated that she did not know that employees working at the facility needed to be added to a roster.

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

Evidence Photos obtained.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 08, 2016 a re-licensure survey was conducted at Valiz's Place Assisted Living Facility, License number 9260. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 2 (C, D) out 4 sampled Employees had a Communicable Statement and 4 (A, B, C, D) of 4 sampled employees had annual documentation of a negative ( )examination.

The findings include:

Review of the Employee files on , showed no Communicable Statement for Employee C nor D.

Interview was conducted with the Administrator via telephone at 9:40 am on . The administrator confirmed that Employee C and D did not have a Communicable statement. She stated that she will get it done.

Review of Employee A, B, C, and D files was conducted on . There was no evidence that Employee A, B, C nor D had updated documents to show that they had an annual negative examination.

Review of the documents sent to surveyor via email by the administrator on showed that the last negative screening was on for Employee A, for Employee B, for Employee C, and for Employee D.

Interview was conducted with the Administrator via telephone at 9:42 am on . The Administrator stated that Employee A (herself), B, C, and D did not have an annual negative examination. She stated that the ones she has are old and will need to be updated.

Class III

Evidence Photos obtained

0083 Training - First Aid and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964704	**12/08/2016**
NAME OF PROVIDER OR SUPPLIER **VALIZ'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3410 NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209**	

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

Based on record review and interview, the facility failed to ensure that 1 of 4 sampled employees had the required First Aid and Training.

The findings include:

Review of Employee A's file was conducted on . There was no First Aid Training in file.

Interview was conducted with the Administrator on 9:41 am on . She confirmed that she (Employee A) did not have the First Aid nor Training. Employee A stated that she does work at the facility sometimes.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 2 (A, D) out 4 sampled Employees had updated Medication Self-Administration Training.

The findings include:

Review of the Employee files on , showed Medication Self-Administration Training dated , 2015 for Employee A and D.

Interview was conducted with the Administrator via telephone at 9:42 am on . The administrator confirmed that herself (Employee A) and Employee D Last Medication Self-Administration Training was on , 2015. She stated that she was a month behind and need to update the training. The administrator confirmed that that she and Employee D gives out medications, but it is very seldom. She stated that she will get the medication training completed .

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Valiz's Place
3410 North Myrtle Avenue
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure 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 20, 2017.** 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

JG/JM?sm
Enclosure
XG90

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