STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911437	**03/02/2017**
NAME OF PROVIDER OR SUPPLIER **PLYMOUTH HOME FOR ADULTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 PLYMOUTH STREET** **JACKSONVILLE, FL 32205**	

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

0000 Initial Comments

On , 2017 an unannounced biennial re-licensure survey was conducted at Plymouth Home for Adults (license #5220). Deficient Practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to ensure that two of four sampled employees (Employee C and Employee D) received in-service training regarding the facility's elopement response policies and procedures within thirty (30) days of employment.

The findings include:

A record review was conducted for Employee C and it revealed a hire date of . A review of Employee D's record showed a hire date .

No evidence was found that Employees C and D received training regarding the facility's elopement response policies and procedures within thirty (30) days of employment.

An interview with the Administrator on at 2:00 PM confirmed Employee C and Employee D did not have any elopement training certificates in their files. The Administrator said he knew they did the training, but wasn't able locate the certificates. The facility could not show evidence at the time of the survey that Employees C and D completed the trainings.

Class III