

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968657	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER GRACE HOME LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2821 HUNT STR JACKSONVILLE, FL 32254	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments An unannounced biennial licensure survey was conducted at Grace Home Living (Lic #12677)on . Grace Home Living had deficient practice at the time of the survey. L241 LMH - Records Based on record review and interview, the facility failed to have a completed Community Living Support Plan (CLSP) for 1 of 3 records reviewed (Resident # 2). The findings include: A record review was done for Resident #2 on , and at the time of the review, no CLSP (used to guide staff in the care and services for residents receiving mental health services) was found in his record. The Administrator was asked during an interview at 10:21 AM on , she confirmed that Resident #2 did not have a CLSP on file. Class III Z814 Background Screening Clearinghouse Based on record review and interview, the facility failed to complete an Employee Roster through the agency's Background Screening Clearinghouse. The findings include: During a review on the agency's Background Screening Clearinghouse, the facility did not have any employees listed on its roster at the time of the survey.		

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The Administrator confirmed in an interview on _____ at 12:30 PM, she confirmed that she was unaware of the requirement and nobody had been added to the facility's roster at the time of the survey. Unclassified		