STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	**09/19/2017**
NAME OF PROVIDER OR SUPPLIER **REFFINE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **523 FERN STREET** **JACKSONVILLE, FL 32206**	

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

0000 - Initial Comments

On , , 2017 an unnanounced biennial Assisted Living Facility relicensure survey with Limited Mental Health was conducted at Reffine's House Assisted Living (License# 11189). Deficient practice was identified during the survey.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and staff interview the facility failed to provide 6 hours of LMH (limited mental health) training approved by the Department of Children and families within six months of hire for 1 of 4 employees reviewed (Employee A).

The Findings Include:

A review of the personnel file for Employee A on revealed a hire date of . There was no documentation of 6 hours of LMH training in the employee file.

During an interview with the Administrator on at 2:30 PM she acknowledged that documentation of the training was not in the file of Employee A. She said Employee A has not yet received the six hour class approved by the Department of Children and Families and would be scheduled as soon as possible.

Class III