STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968046	11/07/2017
NAME OF PROVIDER OR SUPPLIER **MYRTICE ANGELS SENIOR HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 VERNON ST** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

On - a biennial licensure survey was conducted at Myrtice Angels Senior Home Care, LLC. At the time of the survey deficient practice was found

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interview and record review, the facility failed to ensure the food service designee completed the annual 2 hours of continuing education training in nutrition and food service.

The findings include:

On at 1:45pm, an interview was conducted with the Administrator. The Administrator confirmed that the Administrator is the staff designated as the food service supervisor.

On a review of the facility staff training revealed that the Administrator failed to complete the required annual two hours of training in topics pertinent to nutrition.

CLASS III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the assisted living facility failed to complete and submit 1 day initial adverse incident report for 1 out of 6 (Resident #4) sampled residents within 1 business day after the occurrence of an adverse incident.

The findings include:

On at 8:58 am, an interview was conducted with Resident #4. Resident #4 stated an elopement occurred during the earlier part of the month because Resident #4 was hearing voices. Resident #4 stated that law enforcement executed a , which cause Resident #4 to be placed in a crisis stabilization unit (CSU) for 3 days.

On - , a review of the facility admission and discharge log was conducted. The log revealed that the Resident #4 was admitted into the facility on . There was no discharge date and location documented (See photographic evidence)

Based on review of Resident #4 record, Resident #4 left the facility on or about and was

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returned on . Resident #4 was missing for 22 days.

On at 9:07 am, an interview was conducted with the Administrator. The Administrator admitted that Resident #4 left the facility voluntarily. The Administrator stated that attempts were made to convince Resident #4 to return to the facility and evacuate with the facility during the Irma hurricane.

In addition, the Administrator stated since it was Resident #4 decision not to evacuate, the facility no longer had an to report that Resident #4 had left the facility, even with a pending hurricane. The Administrator stated that no adverse incident report was submitted to the Agency for Health Care Administration. In addition, no law enforcement was called and no missing person reports were issued.

A review of the CSU records revealed that Resident #4 was on and released to the facility on .

CLASS III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and review of records the facility failed to ensure their emergency management plan was reviewed on annual basis.

The findings include:

A review do the facility emergency management plan revealed it was previously reviewed and approved on .

On at 10:00 am, an interview was conducted with the Administrator. The Administrator stated that the update was submitted the previous week but it was not approved at the time of the survey.

CLASS III

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

Based on record review and interview the facility failed to ensure that 1 out of 2 sampled staff members (Staff B) who are in direct contact with the limited mental health (LMH) resident complete the required 3 hours of continuing education every two years.

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

The findings include:

A record review of Staff B employee record was completed on . . . . . The record revealed that Staff B date of hired was .

Staff B's employee record revealed that Staff B completed 6 hours of limited mental health (LMH) training on . . . . . An additional 2 hours of training were completed on . . . . . .

In an interview conducted with the Administrator on . . . . . at 10:34a.m., the Administrator stated no current LMH training documentation was found in Staff B's employment file.

CLASS III