STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910298	03/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Agnes St Hm For The Elderly	1346 Agnes Street Jacksonville, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-03/
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0000-Initial Comments-
0165-Risk Mgmt & Qa; Adverse Incident Report-429.23 Fs; 58a-5.0241 Fac

Revisit New Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0090-Training - -5.0191(11) Fac
L243-Lmh - Training-58a-5.0191(8) Fac

Specific Tag Findings:

0000-Initial Comments

On 2014 at Agnes Street Home For The Elderly assisted living facility, an unannounced revisit for complaint (CCR# 2013013321) was conducted. There were deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interviews and record reviews, the Assisted Living Facility failed to ensure 1 of 2 staff members received in-service training within 30 days of employment. (Staff member B) Staff member B's personnel file lacked documentation of in-service training for Control, Activities of Daily Living (ADL) Behavioral Needs, Elopement response, Emergency preparedness & Evacuation, Resident rights , and Nutritional & Safe Food Handling.

Findings include:

1) A review of Staff member B's personnel file revealed his date of hire was There were no evidence documented in Staff member B's personnel files indicating his in-service training's were completed within 30 days of employment.

2) On at 2:12 PM an interview was conducted with Staff member B. Staff member B confirmed he did not receive his in-service training at the assisted living facility.

3) On at 4:07 PM the Administrator confirmed he could not provide the proof indicating Staff member B completed his in-service training within 30 days of employment.

Class III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interviews and record reviews, the Assisted Living Facility lacked evidence for Assistance with Self-Administration of Medication training for 1 of 2 unlicensed staff members. (Staff member B)

Findings include:

1) A review of Staff member B's personnel file revealed his date of hire was . There was no evidence indicating Staff member B received his initial 4 hours training or 2 hours of continuing education for Assistance with Self-Administration of Medication.

2) On at 2:12 PM an interview was conducted with Staff member B. Staff member B stated he works at the facility on an as needed basis (PRN). He confirmed he passed mediations to residents.

3) On at 4:07 PM the Administrator confirmed Staff member B assisted residents with assistance with self-administration of medication. He reviewed Staff member B's personnel file and confirmed the Assistance with Self- Administration of medication training was not in the file.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on interviews and record reviews, the Assisted Living Facility lacked evidence for training for 1 of 2 staff members. (Staff member B)

Findings include:

1) A review of Staff member B's personnel file revealed his date of hire was . There was no evidence indicating Staff member B received training.

2) On at 4:07 PM the Administrator reviewed Staff member B's personnel file. He confirmed the training was not in the file.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on interviews and record reviews the Assisted Living Facility failed to file an adverse incident report for an event reported to law enforcement involving 1 of 10 residents. (Resident #1) Resident #1 contacted law enforcement and was transported to the hospital for attempt.

The findings include:

1) On 3/ at 12:01 PM an interview was conducted with resident #1. Resident #1 stated on he mopped the whole house and the Administrator did not pay him any money. Resident #1 stated the

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Administrator told him he was going to pay him. He stated he took about 7 to 8 pills in which he found at a car wash up the street from the facility. Resident #1 stated he called the police and told them to call the Paramedics. He stated the Paramedics came to the facility to transport him to the hospital. He stated he was admitted to University Shands Hospital on .

2) On . at 2:42 PM an interview was conducted with the Administrator. The Administrator stated resident #1 was drunk and . on . He stated resident #1 had smoked weed and drank beer. The Administrator stated resident#1 contacted the police and told them he took pills that he got from the trash outside. The Administrator stated resident #1 did not take the pills like he told the police. The Administrator denied resident #1 mopped the facility floor or cleaned in the facility.

3) A review of the resident #1's observation notes revealed on . resident #1 picked up over the counter medications which he found in the trash. Resident #1 contacted the police and told them he took 7 pills and the police transported resident to Shands Hospital.

4) On . at 10:07 AM an interview was conducted with the Administrator. The Administrator stated he only wrote the incident in the resident #1's chart notes. He confirmed he did not complete an adverse incident report when resident #1 called the police.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on interviews and record reviews, the Assisted Living Facility lacked evidence for Limited Mental Health (LMH) training for 1 of 2 staff members. (Staff member B)

Findings include:

1) A review of Staff member B's personnel file revealed his date of hire was . There was no evidence in his file indicating he received the LMH 6 hours course or 2 hours continuing education.

2) On . at 4:07 PM the Administrator reviewed Staff member B's personnel file. He confirmed the LMH training was not in the file. He stated he has been trying to contact Department of Children and Families (DCF) to find someone to provide the LMH training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Agnes Street Home For The Elderly
1346 Agnes Street
Jacksonville, FL 32208

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/JM/sm
Enclosure

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