

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 07/08/2014
NAME OF PROVIDER OR SUPPLIER Atrium At Regency(the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 Atrium Way Jacksonville, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-07/08/2014
0090-Training - 7/08/2014
Z815-Background Screening; Prohibited Offenses-07/08/2014

Revisit Repeat Tags:

0000-Initial Comments-
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

A follow up to the licensure survey was conducted on 7/8/14. The Atrium at Regency had uncorrected deficiencies at the time of visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and staff interview the facility failed to ensure a new hire employee had a statement from a health care provider that the individual was free of communicable including for 1 of 3 sampled new hires (Employee C).

The findings include:

Review of Employee C personal file stated her date of hire was

On at 2:50 PM an interview with Employee C revealed she does not remember if she brought a statement that she was free from communicable to the facility.

On at 3:30 PM an interview Employee D (Director of Nursing) stated, we do not have a statement for Employee C stating she is free from communicable. The facility was unable to produce the documentation.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Atrium at Regency
9960 Atrium Way
Jacksonville, FL 32225

Dear Administrator:

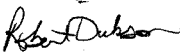
This letter reports the findings of a revisit survey conducted on _____, 2014 by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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,


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

MB/JM/sm
Enclosure

