

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912070	(X3) DATE SURVEY COMPLETED 12/17/2014
NAME OF PROVIDER OR SUPPLIER Almost Home Senior Services, I	STREET ADDRESS, CITY, STATE, ZIP CODE 9664 Hood Road Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) survey was conducted at Almost Home Senior Services in Jacksonville, Florida, on 12/17/2014. Deficient practice was identified at the time of the survey.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on record review and staff interview, the facility failed to provide, as staff or by contract, the services of a nurse who would be available to provide nursing services as needed by Extended Congregate Care (ECC) residents, participate in the development of resident service plans, and perform monthly nursing assessments for all potential ECC residents.

The findings include:

A review of the facility's ECC binder on 12/17/2014 revealed no information related to an ECC nurse.

During an interview with the Administrator/ECC Supervisor on 12/17/2014 at approximately 11:20 a.m., it was revealed that the facility neither employed nor contracted with a registered nurse, or any nurse for provision of ECC services to potential ECC residents. When asked whether the facility employed or contracted with a nurse for ECC care, the Administrator stated "I would if we had ECC residents, but we don't." When asked to clarify whether or not she had a current contract with a nurse for ECC purposes, the administrator replied that she did not.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Almost Home Senior Services, Inc.
9664 Hood Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2014 by representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Sincerely,

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

JG/JM/sm
Enclosure

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