Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint #2025009246 and 20256668) was conducted at The Gables of Jacksonville from to . Deficiencies were identified at the time of survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to exercise their responsibilities for 1 of 6 sampled residents who experienced a with injury (Resident #1). Findings Included:	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 2 A review of Staff A's records revealed she was hired on as a Resident Assistant. Her record contained a job description entitled Certified Medication Assistant (CMA)/Resident Assistant. According to the job description, her job duties included demonstrating knowledge of, and following, safety procedures, as well as demonstrating proper lifting techniques and resident movement and transfer procedures. Photographic evidence obtained. The facility staffing schedule revealed Staff A was scheduled for the night shift, 10:00pm to 6:00am . Her floor assignment that night was the memory care unit. She was the only staff person assigned to the memory care unit, on the night shift, the night of . The shift ended the morning of . Review of video footage of Resident #1's bedroom was conducted on at 10:00am. The video footage had was timestamped and dated. In the video, a posted sign could be seen attached to the resident's wardrobe closet, within plain sight of the bed, which stated for staff members to please leave the resident's walker beside her bed. The video showed the resident getting up out of bed at 2:48am on . She was the only person seen in the room. She was seen getting up by herself, and standing, without the aid of her walker, which was placed against the wall about 3 away from her bedside. Her walker was seen on the video, placed on the the far side of a night table that sat between the walker and the resident's bed, out of the resident's reach. She was observed leaving the bed, stumbling, and falling on the floor. She landed on her backside, hitting her entire including the of her . Upon falling, she	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 3 was heard yelling in , , in the audio of the video. After the , the video showed her laying on the floor moaning. Staff A then entering the video footage at 5:30am on . She opened the door, came in, and saw the resident laying on her on the floor. Immediately, Staff A was heard on the video, saying to Resident #1, "Get up!" and was seen pulling on the resident's arms and trying to lift her, trying to get her up, and pulling on her. Staff A was seen positioning her to a sitting position on the floor and then seen pushing her across the floor. Resident #1 was heard, on the video, saying "you're killing me". Staff A was heard saying "okay stay down then." Then again saying "Get Up!". Resident #1 was heard repeating "please don't kill me" over and over. Then Staff A laid her down on the floor, up, and was seen leaving the room with no other staff there to assist her. After Staff A was seen exiting the room, Resident A was heard saying "please don't kill me." More subsequent video footage from Resident #1's room, timestamped at 5:33am on , showed Staff A returning to the Resident #1's room, moving items around and stepping over the resident as she lay on her on the floor. Staff A was then observed trying again to lift the resident up off the floor. She was seen on the video pulling the resident up by her arms and then going behind her, lifting her up off the floor, and dragging her backwards towards the bed. Then Staff A pushed Resident #1 into the bed. In the video, the resident's right appeared to be in a deformed position, and crossed over her left , as she was laying on the bed. Then Staff A was seen reaching over and uncrossing the resident's . Then she left the room. The next	A 078		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: ______ B. WING ______	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 4	A 078		

video footage showed Resident #1 laying on her bed. There were no observations of any other facility staff entering the resident's room.

A review of Resident #1's record showed that she was diagnosed of , , , and major , . The notes from showed she was sent to the hospital emergency room where she was diagnosed with a , . She underwent surgical repair and discharged to a rehab facility.

An interview was conducted with Staff D, LPN, at 2:00pm on . She said if staff found a resident on the floor, a nurse should come do an assessment and the resident should not be moved until that happened, unless it was verified they didn't injure themselves. The residents should not be moved if they are on the floor and experiencing , . She was told upon her arrival on at 6:00am that Resident #1 about an hour prior. She went to Resident #1's room and there were family members in the room. Resident #1 was in bed. Staff A reported that she found Resident #1 on the floor. She observed Resident #1 was in , and possibly had an injury, and emergency services were contacted. She wrote an incident report based on Staff A's description and there "wasn't a lot of information."

A document titled "Guidelines for Caregiver at the time of a " (undated) included the following information: stay calm and reassure resident, have them stay on the floor. Have another staff member notify the healthcare coordinator or nurse on call. Look for obvious injuries (i.e. , , , broken skin, deformed arms or , or appearance of out of normal alignment). Ask the resident about ,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 5 and , location. Take vital signs. A pillow may be placed under the resident's for comfort, unless there is a potential injury. If the resident does not appear to be injured, 2 staff persons may assist the resident to get up. Staff were to record observations of the room and other circumstances of the using a post-evaluation tool, and attach it to an incident report. Photographic evidence obtained. Review of the facility's policy titled, "Accident and Injury Investigation" (policy number -0030P) showed the facility was to investigate all accidents and injuries incurred by a resident. The policy defined injury as any damage or to the body. Staff were to fill out an accident/injury report and provide to to the Healthcare Coordinator, who would initiate a discovery investigation form, and documentation was to go to the Administrator within 24 hours/the next work day. Photographic evidence obtained. Staff E, Caregiver, was asked in an interview at 1:40pm on what the expectation was if a resident was found on the floor, or if she witnessed a . She said staff were to ensure they were okay, check for , and call for help immediately. She should wait to make sure the resident was okay before moving; if not, she would have to call 911 or a nurse. Staff C, caregiver, was interviewed on at 3:27pm. She explained if a resident is found on the floor, she would radio a nurse and stay with them to look for any injury. She said she was trained not to move the resident until an assessment was completed by a nurse. Documentation titled Notice of Employment Separation for Staff A was signed by the Health	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965346	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GABLES OF JACKSONVILLE	3455 SAN PABLO ROAD JACKSONVILLE, FL 32224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 6 Care Director and Administrator on . The explanation section explained that during a state agency's visit to the facility on to review how Staff A responded to a resident on , she was untruthful. The summary stated there was video footage showing Staff A using improper lifting techniques with the resident who . Photographic evidence obtained. On at 4:30pm, the Administrator stated that she had never seen the video footage of Staff A and Resident #1 that was filmed on . She observed the video footage for the first time on . She stated she had not known that there had been that type of mistreatment of any of the residents in the facility. She stated she was saddened to know that any of the facility staff would treat any of the residents in such an unkind manner. Class III	A 078		