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
	AL11911190	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLESIDE RETIREMENT	**1433 INGLESIDE AVENUE JACKSONVILLE, FL 32205**

(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 An unannounced Assisted Living Facility biennial licensure survey was conducted at Ingleside Retirement in Jacksonville, Florida on 2012. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, F.A.C. and Chapter 429, Part I, F.S.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or [illegible] services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable [illegible] which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1	A 008		

8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823% pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered

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A 008	Continued From page 2	A 008		

or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency

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A 008	Continued From page 3	A 008		

basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on resident record review and staff interview, the facility failed to ensure that health assessments were completed on the current form and contained all pertinent information for 2 of 4 sampled residents. (#1, #12)

The findings include:

1. A review of Resident #12's record revealed that a health assessment was completed on [redacted] 22, 2012. The health assessment was completed on "AHCA Form 1823, [redacted] 2010 ", instead of the "AHCA Form 1823, [redacted] 2010 " version. The assessment was missing information in "Section 1" regarding the type of assistance needed for medication administration. There was no indication of the type of medication administration assistance the resident required.

2. A review of Resident #1's record revealed that a health assessment was completed on [redacted] The assessment was missing information in "Section 2-B regarding self-care

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A 008	Continued From page 4	A 008		

and oversight. The form did not indicate whether the resident required assistance with medication administration and the potential type of medication administration assistance the resident required.

3. An interview with the assistant manager on 6/15/ ... 12:40 pm confirmed that the health assessment form for Resident #12 was not on the "AHCA form 1823, October ... " version and that assessments for both residents were missing information.
Class III
Correction Date: 7/28/ ...

029	58A-5.0182(5) FAC Resident Care - Nursing Services	A 029		

(5) NURSING SERVICES.
(a) Pursuant to Section 429.255, F.S., the facility may employ or contract with a nurse to:
1. Take or supervise the taking of vital signs;
2. Manage pill-organizers and administer medications as described under Rule 58A-5.0185, F.A.C.;
3. Give prepackaged enemas pursuant to a physician ' s order; and
4. Maintain nursing progress notes.
(b) Pursuant to Section 464.022, F.S., the nursing services listed in paragraph (a) may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services.

This Statute or Rule is not met as evidenced by:
Based on observation, employee record review and staff interview, the facility failed to ensure that nursing services were performed by a licensed

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A 029	Continued From page 5 nurse for 2 of 4 sampled residents. (#1, #12) The findings include: On [redacted] at 8:34 am, a woman who identified herself as the housekeeper, was observed transferring medications from a pill organizer into a plastic cup. The housekeeper gave the cup of medication to Resident #1, who then took the medication. At approximately 8:37 am, the housekeeper was observed pouring medication from a pill organizer into a plastic cup. The housekeeper gave the medication to Resident #12, who then took the medications. A review of the employee records revealed that no licensed nurses were employed by the facility to manage and maintain the pill organizer. An interview with the assistant manager was conducted on [redacted] at 12:34 pm. The assistant manager stated that the organizer was removed from the drawer and will not be used in the future. Class II Correction Date: [redacted]	A 029		
A 051	58A-5.0185(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) A " pill organizer " means a container which is designed to hold solid doses of medication and is divided according to day and time increments. (b) A resident who self-administers medications may use a pill organizer. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill	A 051		

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A 051	Continued From page 6	A 051		

organizer in the following manner:
1. Obtain the labeled medication container from the storage area or the resident;
2. Transfer the medication from the original container into a pill organizer, labeled with the resident ' s name, according to the day and time increments as prescribed;
3. Return the medication container to the storage area or resident; and
4. Document the date and time the pill organizer was filled in the resident ' s record.
(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident ' s record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider regarding questions, concerns, or observations relating to the resident ' s medications. Such communication shall be documented in the resident ' s record.

This Statute or Rule is not met as evidenced by:
Based on observation and resident record review, the facility failed to ensure that the of use of a pill organizer was managed and monitored by a licensed nurse and whether the use of the organizer was appropriate for 2 of 4 sampled residents. (#1, #12)

The findings include:

1. On : at 8:34 am, a woman who identified herself as the housekeeper to Agency staff upon entrance to the facility , was observed transferring medications from a pill organizer into a plastic cup. The housekeeper gave the cup of

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A 051	Continued From page 7 medication to Resident #1, who then took the medication. A review of Resident #1's record revealed that a health assessment was completed on . . . . . The assessment was missing information in "Section 2-B regarding self-care and oversight". The form did not indicate whether the resident required assistance with medication administration and the potential type of medication administration assistance the resident required. 2. At approximately 8:37 am, the housekeeper was observed pouring medication from a pill organizer into a plastic cup. The housekeeper gave the medication to Resident #12, who then took the medications. A review of resident #12's record revealed that a health assessment was completed on . 2012. The assessment was missing information in "Section 1" regarding the type of assistance needed for medication administration. There was no indication of the type of medication administration assistance the resident required. 3. An interview with the assistant manager was conducted on . . . . . : at 12:34 pm. The assistant manager stated that the organizer was removed from the drawer and will not be used in the future. Class II Correction Date: . . . . . (Immediate)	A 051		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse, or	A 052		

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A 052	Continued From page 8	A 052		

an unlicensed staff member, who is at least trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.

(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.

(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.

(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;

2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;

3. The medication may be transferred to a pill organizer pursuant to the requirements of

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subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of parenteral preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , , or] preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the

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unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on resident record review, observation and staff interview, the facility failed to ensure that medications ordered on an as "as needed" basis (PRN), were administered by a licensed nurse for 1 of 4 sampled residents. Resident #1 had medications which require the judgement of the unlicensed employee.

The findings include:

A review of resident #1's medication list revealed that the resident was prescribed tab 40 mg. A review of the medication observation record (MOR) and medication label indicated that the one tablet of the medication should be given by mouth, every 8 hours, as needed, for complaints of or muscle ache.
Further review of Resident #1's medication list revealed that the resident was prescribed Dr 75 mg. A review of the MOR and medication label indicated that the one tablet of the medication should be given by mouth, twice a day, as needed, for complaints of and muscle ache.
A review of the MOR revealed that the PRN meds were initialed, indicating that they were given to the resident.
An interview with the assistant manager was conducted on at 12:34 pm. The assistant manager confirmed that the PRN medications were given when the resident asked

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A 052	Continued From page 11 for them and that no license nurse was on staff. Class II Correction Date: (Immediate)	A 052		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and staff interview, the facility failed to accurately	A 054		

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A 054	Continued From page 12 update the Medication Observation Record (MOR) for 2 of 4 sampled residents. (#1, #12) The findings include: On ... at 9 am, a male staff member (Employee #1) was observed initialing the MOR. A review of the MOR was conducted. The 9 am medications for Residents #1 and #12 were initialed. Employee #1 confirmed that he had initialed the 9 am medications for Residents (#1, #12). The employee stated that he administered the medications. The employee was informed that the housekeeper was observed administering the medications. The employee retracted his statement and confirmed that he did not administer the medications to Residents #1 and #12. An interview with the assistant manager was conducted on ... at 12:25 pm. An inquiry was made regarding the procedure for documenting the MOR. The assistant manager stated that the MOR should be documented as soon as the medications were given. The assistant manager confirmed that the housekeeper should not have given the medications and the MOR was not documented properly. Class II Correction Date: ...	A 054		
A 076	58A-5.0186 FAC ... (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate	A 076		

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A 076	Continued From page 13	A 076		

its position with respect to state laws and rules relative to _ . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a _ . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission:
1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf, and
2. Written information concerning the ALF ' s policies regarding , and
3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C.
(b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a _ . If a has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed O, the ALF must document in the resident ' s record that it has requested a copy.
(2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a _
(3) _ PROCEDURES. Pursuant to Section

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	AL11911190	A. BUILDING _____ B. WING _____	06/15/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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429.255, F.S., an ALF must honor a properly executed as follows:
(a) In the event a resident experiences staff trained in , or a licensed health care provider present in the facility, may withhold

(b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.
(4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a Order and rules adopted by the department.

This Statute or Rule is not met as evidenced by:
Based on staff interview, the facility failed to develop a written policy and procedure for to provide to all residents.

The findings include:

An interview with the facility administrator was conducted on at 12:25 pm. An inquiry was made regarding the availability of a policy. The administrator stated that he did not

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A 076	Continued From page 15 have a policy yet. Class III Correction Date: , 2012	A 076		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from . must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall 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 58A-5.0191, F.A.C.	A 078		

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A 078	Continued From page 16	A 078		

(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
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.

This Statute or Rule is not met as evidenced by:
Based on employee record review and staff interviews, the facility failed to ensure that one of three employees (#3) obtained freedom from communicable disease ... The facility also failed to ensure that one of three employees (#3) was provided various required trainings.

The findings include:

Employee #3 stated that she had worked in the facility since November ...
A review of the file for Employee #3 revealed that the employee had not obtained freedom from communicable disease ... from a health care provider.

The facility failed to provide evidence that Employee #3's CPR ... First Aid certification was completed and up to date.

The facility failed to provide Employee #3 with required in-service training in accordance with Rule 58A-5.019, F.A.C. that covered:

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A 078	Continued From page 17 a. Resident rights in an assisted living. b. Recognizing and reporting resident neglect, and c. Resident behavior and needs. d. Providing assistance with activities of daily living (ADL). e. Training for f. control, including universal precautions and facility sanitation procedures. g. Reporting major incidents. h. Facility emergency procedures including chain of command and staff roles relating to emergency evacuation. i. Elopement response training. j. DNRO Employee #3 was observed on 06/15 the survey as she provided medication assistance to 2 residents. Personnel record review for Employee #3 revealed no date of hire. Interview with the facility manager on 6/15/ 9:23 a.m. revealed that Employee #3 had no personnel files available for review. There was no documentation of background screening, health screening or required food service training. The assistant manager explained that Employee #3 was a "paid volunteer" that did housekeeping on Mondays and Fridays. The assistant manager stated that Employee #3 doesn't touch anything, only cleans the rooms had no trainings. The assistant manager confirmed that the housekeeper should not have given the medications. Class III Correction Date: July	A 078		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS.	A 079		

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(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

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7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that

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additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on staff interview and observation, the

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facility failed to ensure that at least one trained staff member with access to facility and resident records was present in the facility at all times.

The findings include:

Entry into the facility was made at approximately 8:05 am on , 2012. A female, identifying herself as the housekeeper was present. The housekeeper stated that there were no staff members present. The housekeeper stated that she did not have access to the admission and discharge log or records. The housekeeper was observed providing medications and assisting residents with transfers from 8:05 am to 8:30 am. She also stated that she gave medications and assisted the residents from time to time, but mainly kept the facility clean.

A review of the employee records and staff schedule revealed that the housekeeper was not listed as an employee and did not have the required trainings for working in an assisted living facility. A review of the admission and discharge log revealed that the facility had a census of 15 residents at the time of the survey.
An interview with the assistant manager was conducted on 6/18/ approximately 9:23 am. The assistant manager confirmed that the housekeeper was not a staff member, but a volunteer housekeeper.

Class III
Correction Date: 7/28/

093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary	A 093	

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Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, ... and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.

(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:

1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the

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reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly

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distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of) the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on staff interview and tour observation, the facility failed to ensure a 3-day supply of non-perishable food, and water supply was on hand for 15 residents in the facility.

The findings include:

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1. During tour of facility on at 8:20 am it was revealed that facility failed to provide a sufficient 3 day emergency supply of food and water for the resident census of 15. The facility assistant manager showed the surveyor designated area for the facility's 3-day emergency food and water storage, located in facility's secondary T.V./dining cabinets. The surveyor observed approximately (4) # 10 cans of pork-n-beans; (4) #10 cans of fruit; (3) #10 cans of ground coffee grains; (4) large plastic bags of dry cereal; (3) boxes of instant mashed potatoes and various containers of sweet-n-low and sugar condiments. The quantity observed was not sufficient based on the resident census. There was no sufficient amount of water for drinking and food preparation stored or did facility have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

2. An interview on at 9:00 am with facility's assistant manager revealed that the facility planned to use food from their daily food supply located in the facility's kitchen cabinets for their emergency supply of food during emergency operations.

3. Emergency food and water issues were confirmed by the facility manager on at 2:00 pm during the exit interview.

Class III
Correction Date:

A 161	58A-5.024(2) FAC Records - Staff	A 161		

(2) STAFF RECORDS.
(a) Personnel records for each staff member shall

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contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable:
1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.;
2. Copies of all licenses or certifications for all staff providing services which require licensing or certification;
3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.;
4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and
5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.
(b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.
(c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.

This Statute or Rule is not met as evidenced by:

Agency for Health Care Administration

STATEM... OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911190	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INGLESIDE RETIREMENT	1433 INGLESIDE AVENUE JACKSONVILLE, FL 32205

(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 161	Continued From page 27	A 161		

Based on personnel record review and staff interview the facility failed to comply with level II background screening for one of three employees (#3) reviewed.

The findings include:

Review of the personnel records for Employee #3 revealed no documentation of level II background screening.

Employee #3 stated that she had worked at the facility since . . . 2011, worked two days a week and was paid bi-weekly. The employee stated that she helps out with the residents at times, but she mainly keeps the facility clean. The employee stated that she has issued medications to residents.

Interview with the facility manager on . . at 9:23 a.m. revealed that Employee #3 had no personnel files available for review. There was no documentation of background screening, health screening or required food service training. The assistant manager explained that Employee #3 was a "paid volunteer" that did housekeeping on Mondays and Fridays. The assistant manager stated that Employee #3 doesn't touch anything, only cleans the . . . and had no trainings. The assistant manager confirmed that the housekeeper should not have given the medications.

Class II
Correction Date: . . 2012 (Immediate)

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

"REVISED COPY"

Administrator
Ingleside Retirement
1433 Ingleside Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) 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 **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for the Class II deficiencies. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.**

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,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/KW/sm
Enclosure

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