STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A Home Sweet Home Alf Of Jax Inc	5022 Perrine Dr Jacksonville, FL 32210

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= G
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
A relicensure survey was conducted on , 2013.
A Home Sweet Home Alf of Jax Inc. had Licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview with the administrator, the facility failed ensure that the Resident Health Assessment (Agency for Health Care Administration form 1823) was completed in full to include what type of assistance is required with self-administration of medication and what services will be arranged for the resident by the facility for 2 of 2 Resident Health Assessments reviewed (Resident #1 and #3) out of 3 sampled residents.

The findings include:

A review of Resident #1 ' s record revealed an admission date of with a diagnosis of , high and osteopenia of hips. A review of the Agency for Health Care Administration (AHCA) form 1823 dated revealed that the resident required assistance with medications. The type of assistance needed by Resident #1 was left blank. Further review found that section 3 of the AHCA form 1823 that required the section to be completed for all residents based on needs identified by section 1 and 2 of the form and filled out by the facility administrator, was blank.

A review of Resident #3's record revealed an admission date of . A review of the AHCA form 1823 dated revealed the assistance with medication in section 2-B was left blank. Further review found that section 3 of the AHCA form 1823 that requires the section to be completed for all residents based on needs identified by section 1 and 2 of the form and filled out by the facility administrator, was blank.

In an interview with the Administrator on at 12:45 PM, she confirmed that Resident #1 and #3's 1823's were incomplete. She reported that she was unaware that she had to complete section 3 of the AHCA form 1823.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013
NAME OF PROVIDER OR SUPPLIER A Home Sweet Home Alf Of Jax Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 5022 Perrine Dr Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, resident record review and staff and physician interview, the facility failed to ensure that unlicensed staff did not provide assistance with self-administration with "as needed" (PRN) medications to 2 out of 3 sampled residents (Residents #1 and #3) in situations wherein unlicensed staff would have to exercise independent judgment.

The findings include:

1. An observation of Resident #1 upon entrance at the facility on at 8:30 AM revealed the resident was asleep on the couch in the back living Continued observation of Resident #1 from 8:30 AM through 10:00 AM found the resident sleeping. In an observation of Resident #1 at 10:12 AM, the resident sat up on the couch, rocked from left to right about 6 inches each way for approximately 30 seconds, and laid face down on the couch in the sitting position. In an observation of Resident #1 at 10:44 AM the resident tried to stand up, appeared to have an unsteady gait as evidence by swaying and grabbing for the couch, and landed face down on the sofa cushion. An attempt was made to engage the resident in a conversation. The resident would not open her eyes nor would she acknowledge the surveyor's presence.

In an observation of Resident #1 at 11:03 AM, the resident was sitting on the couch with her head down on her chest and her eyes closed. She was swaying left to right, approximately 6 inches each way. In an observation of Resident #1 at 12:36 PM, the resident was observed sitting at the dining She was sitting with her eyes closed and had one hand on the kitchen table. The resident was observed to be swaying approximately 3 inches from left to right. Certified Nursing Assistant (CNA) #1 was sitting next to the resident as was assisting the resident by placing spoonfuls of soup into Resident #1's mouth. The resident did not open her eyes, nor respond when the surveyor attempted to speak to her.

2. A review of Resident #1 ' s record revealed a diagnosis of Further review found that the resident was prescribed .5 mg once daily as needed for A review of the medication revealed that it was last filled on

3. A review of the Medication Observation Record (MOR) for Resident #1 revealed that the MOR read " .5 mg once daily as needed for A further review found she was receiving .5 mg twice a day from through and received a morning dose on Further record review found that Resident #1 had been receiving .5 mg two times a day from through Resident #1 also received .5 mg two times a day on , 2, 3, 7 and the 16th through the 31st.

4. In an interview with CNA #1 on at 11:00 AM, she reported that she assisted in giving Resident #1 her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A Home Sweet Home Alf Of Jax Inc	5022 Perrine Dr Jacksonville, FL 32210

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

as needed .5 mg. She reported that the resident gets the medication for and the resident shows by " crying or rocking back and forth ". She reported she will give Resident #1 one .5 mg in the morning and one .5 mg in the afternoon " if she is crying ". She reported that she was allowed to give the medication because it was "as needed ".

5. In a telephone interview with Resident #1 ' s prescribing physician on at 11:40 AM, he reported he only prescribed Resident #1 .5 mg of a day. He reported that the resident was on a " at bedtime " to help her sleep, so he felt she only required one a day as needed. The prescribing physician reported that if Resident #1 had been receiving .5 mg twice a day, the medication would " accumulate in her system ". He reported that for a woman of Resident #1's age and weight, side effects could include distress, sedation, unsteady gait, and a decrease in vitals. He also reported that if the facility stopped giving the two doses of .5 mg, since the resident had been receiving it for a period of time, the resident could suffer from withdrawal symptoms that included . The physician reported he was unaware that unlicensed staff were assisting the resident with as needed medications. He reported that the resident should be evaluated by her primary physician in a face to face visit to see what course of action was appropriate.

A review of Resident #3 ' s record revealed a diagnosis of of the leg, chronic pain and debility. A further review revealed an order for APA mg take 1 tab by mouth every 6 hours as needed. A review of Resident #3 ' s Medication Observation Record (MOR) revealed that resident received the medication three times a day from through and on the morning of .

In an interview with the Administrator on at 1:20 PM, she reported the staff were assisting Resident #3 with her as needed medication. She reported she was not aware that the unlicensed staff could not assist with as needed medications.

Class II

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure Over The Counter (OTC) medications for one of three residents (#3) were locked up and stored securely.

The findings include:

During initial tour of the facility on at 9:20 AM a box of Ducolax tablets were observed on the china cabinet next to the dining

Further tour of the facility revealed a 16 ounce bottle of and a 24 tablet bottle of 325 mg on the counter in the kitchen.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Home Sweet Home Alf Of Jax Inc	5022 Perrine Dr Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with Certified Nursing Assistant (CNA) #1 on . . . . at 9:25 AM she reported that the . . . . and the . . . . were for " staff " . She reported that the Ducolax was for Resident #3. She reported she did not know that those medications were required to be locked up.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on employee file review and interview with the administrator, the facility failed to provide documentation that 2 out of 3 sampled employees (The Administrator and CNA #1) were trained in the required 4 hour training in assistance with self-medication administration.

The findings include:

In an interview with Certified Nursing Assistant (CNA) #1 on . . . . at 11:00 AM she reported she assisted residents with medication. She reported she was trained in assistance with self-administration of medication. A review of her employee file found that she was missing documentation that she completed the required 4 hour training on assistance with self-administration of medication.

A review of the Administrator's employee file on . . . . found that she was missing documentation that she completed the required 4 hour training on assistance with self-administration of medication.

In an interview with the Administrator on . . . . . at 1:45 PM, she confirmed the certificate of training in assistance with self-administration of medication for herself and CNA #1 was not in their employee files. She reported that she misplaced the file that held the certificates.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on employee file review and interview with the Administrator, the facility failed to provide annual documentation that 3 of 3 sampled employees (The Administrator, CNA #1 and Caregiver #1) were free from . . . . .

The findings include:

A review of the Administrator ' s employee file on . . . . found that she was missing documentation that she was free from . . . . . .

A review of Caregiver #2 ' s employee file on . . . . . found that she was missing documentation that she was free from . . . . . .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013
NAME OF PROVIDER OR SUPPLIER **A Home Sweet Home Alf Of Jax Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **5022 Perrine Dr Jacksonville, FL 32210**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

A review of Certified Nursing Assistant (CNA) #1 ' s employee file on . . . . found that she was tested and free from . . . . . on . . . . . There was no documentation present at the time of employee file review that found CNA #1 had an annual updated test.

In an interview with the Administrator on . . . . at 1:46 PM, she confirmed that she did not have documentation in her file or Caregiver #2 ' s employee file that showed they were free from . She confirmed that the free from . . . . . statement for CNA #1 was expired. She reported that she has updated testing for all employees, but misplaced the file they were in.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on resident record review and staff interview, the facility failed to maintain biannual weights for residents receiving assistance with Activities of Daily Living (ADL) for 1 out 2 (Resident #1) residents sampled for weights out of 3 sampled residents.

The findings include:

A review of Resident #1 ' s record revealed an admission date of . . . . . Further record review found a form entitled " Resident Weight Record " with Resident #1 ' s name on it. The page was blank.

In an interview with Certified Nursing Assistant (CNA) #1 on . . . . . at 10:48 AM, she reported that she does not complete weights on Resident #1. She reported that the family takes the resident out to doctor appointments and that the facility does not keep records for Resident #1 ' s weight.

In an interview with the Administrator on . . . . at 12:45 PM, she confirmed that the facility did not keep records for Resident #1's weight.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968126	06/12/2013
NAME OF PROVIDER OR SUPPLIER **A Home Sweet Home Alf Of Jax Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **5022 Perrine Dr Jacksonville, FL 32210**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0167-Resident Contracts 58A-5.025(1) FAC

Based on resident record review and interview with the administrator, the facility failed to provide a monthly rate of stay and required refund policy in the admission contract for 1 (Resident #1) of 2 sampled admission contracts out of 3 sampled residents.

The findings include:

A review of the resident contract for Resident #1 found it did not have a contracted rate. The contract also did not have a refund policy present.

In an interview with the Administrator on at 11:45, she reported that the contract for Resident #1 was not in the chart. She reported that the daughter never turned it back in.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A Home Sweet Home ALF of Jax, Inc.
5022 Perrine Drive
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2013 by a 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 **2013** 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,

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

KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054