STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	06/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heritage Crossings	2689 Art Museum Dr Jacksonville, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A Extended Congregate Care relicensure survey was conducted on , 2013. Heritaging Crossings had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and staff and resident interview, the facility failed to be free from the use of physical limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative for Resident #2, 1 of 2 sampled residents.

The findings include:

During the tour of the facility on at 10:50 a.m , two full bedrails were seen on the bed in belonging to Resident #2. The left side rail was in the up position, the right one was in low position. The Administrator was present at the time and stated he had a lot of bedrails in the building and he was sure they had a physician's order for it.

Review of the medical record for Resident #2 did reveal a physician's order for full bedrails on for mobility.

Resident #2 was interviewed at 12:27 pm. She stated she did not use the bedrails on her bed.

The resident's health assessment dated revealed a diagnosis of and she was on precautions. She needed assistance with ambulation and transferring and had an abnormal gait.

On at 12:30 p.m., the Administrator stated that the resident had this bed transferred over her with her from another facility. He did not realize full bed rails were on the bed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on . 12, 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

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