STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	07/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ingleside Retirement Home	1433 Ingleside Ave Jacksonville, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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
An announced initial licensure survey was conducted on , 2013.
Ingleside Retirement Home had deficiencies found at the time of the visit.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on facility record review and an interview with the manager, the facility failed to ensure that all components of the Admission packet were available to potential residents.

The findings include:

A review of facility records revealed that the admission package was missing the following items:

1. A copy of the facility resident contract.

2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations that would be provided by the facility for that rate.

3. Personal care services that the facility was prepared to provide to residents and additional costs to the resident, if any.

4. The availability of transportation and additional costs to the resident.

5. Social and leisure activities generally offered by the facility.

6. A statement of the facility policy concerning pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.

7. A copy of the facility's resident elopement response policies and procedures.

8. A copy of the resident ' s bill of rights.

The manager of the facility confirmed in an interview on , 2013 at 12:30 pm, that the information above was not available and would be completed as required.

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Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on facility record review and an interview with the manager, the facility failed to ensure that an elopement policy and procedure was developed to ensure resident safety.

The findings include:

A review of facility records revealed that the facility did not have an Elopement Policy and Procedure.

This was confirmed in an interview with the manager on , 2013 at 12:30 pm.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on employee record review and an interview with the manager, the facility failed ensure that it was be under the supervision of a qualified administrator.

The findings include:

A review of the employee A's record revealed that she was not the administrator of the facility.

During an interview with Employee B on , 2013 at 12:30 pm, she stated that she was not a licensed administrator and that the owner was the administrator of record on the initial application. She also stated that she had taken the core training, but had not sat for the exam.

A review of the application submitted to the Agency on , 2013, revealed that it was signed by the administrator/owner, Employee C. As of , 2013, the date of the initial licensure survey, Employee C, had not taken the Assisted Living Facility core training, nor the examination. There was no qualified administrator to oversee the operation and maintenance of the assisted living facility.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on facility record review and an interview with the manager, the facility failed to provide a menu that had been reviewed and approved by a registered and/or licensed dietitian.

The finding include:

A review of facility records revealed that a menu, without portion sizes had been developed, and the menu had not been reviewed and approved by a registered and or licensed dietitian/nutritionist.

The findings were confirmed in an interview with the manager on , 2013 at 12:30 pm.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0162-Records - Resident 58A-5.024(3) FAC
Based on facility record review and an interview with the manager, the facility failed to develop an informed consent document that would be as a means of informing residents and/or their representatives whether or not unlicensed staff would be assisting with their self-administration of medications.

The findings include:

A review of facility records revealed that the facility did not have a document of informed consent. This information should have informed any resident resident and/or their respresentative that the facility would have unlicensed staff, who were trained in the assistance with the self administration of medication assist residents in taking their medications.

The manager confirmed the fact that an informed consent document had not been developed, in an interview on , 2013 at 12:30 pm.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on facility record review and an interview with the manager the facility failed to complete a resident contract for residents at the facility.

The findings include:

A review of the resident contract revealed a "Contract Template" was in the facility records. It did not contain the necessary components as required. The template was not specific to the facility, but did have language that could be used to meet some of the requirements of the resident contract, but was not a complete document.

The following list the provisions needed to complete an appropriate contract:

a. A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services.

b. The daily, weekly, or monthly rate.

c. A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.

d. A provision giving at least 30 days written notice prior to any rate increase.

e. Any rights, duties, or of residents.

f. A refund policy which shall conform to Section 429.24(3), F.S.

g. A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to

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reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility.

h. A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.

i. A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident's behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement.

j. A provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.

k. The facility's policies and procedures related to a properly executed

The list of items above were reviewed during an interview with the manager on 2013 at 12:30 pm. The manager confirmed that the contract needed to be completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

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