STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968279	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mason House, The	**8005 Renault Dr H Jacksonville, FL 32244**	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced initial Limited Mental Health survey, was conducted at The Mason House in Jacksonville, Florida on , 2013. Deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and staff interview, the facility failed to ensure that resident health assessments contained complete information regarding whether the individual will require any assistance with the administration of medication for 2 of 2 sampled residents (#1 and #2).

The findings include:

A review of Resident #1's record and health assessment, revealed that Section 2-B of the form regarding self-care and general oversight was not completed. Subsection (B.) regarding assistance with medication was not checked to indicate whether the resident required assistance. The form was not marked to indicate if the resident required assistance with "self-administration" or "medication administration".

A review of Resident #2's record and health assessment, revealed that Section 2-B of the form regarding self-care and general oversight was not completed. Subsection (B.) regarding assistance with medication, was checked to indicate that resident required assistance, but was not marked to indicate whether the assistance was "self-administration" or "medication administration".

An interview with administrator was conducted on , at 10:55 AM. The administrator confirmed that the information was missing from the health assessments.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Mason House
8005 Renault Drive H
Jacksonville, FL 32244

Dear Administrator:

This letter reports the findings of a state initial licensure Limited Nursing Services 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

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

CB/KW/sm
Enclosure

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