RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sunrise of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care 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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Of Jacksonville	4870 Belfort Rd Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D
St - A - E205 - 58a-5.030(6) Fac - Ecc - Health Assessment S-S= D

Specific Tag Findings:

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on interview and record review, the facility failed to insure that a nurse was available to provide all nursing services required by two of four sampled residents (Resident #1 and Resident #2). Specifically, the facility failed to insure that a nurse was available to manage prescribed for the two residents.

The findings include:

On at approximately 3:00 PM, Resident #1 was interviewed in her room. The surveyor noted Resident #1 had an concentrator in her and Resident #1 confirmed she was on Resident #1 stated she was on continuously at night and "as needed" during the day.

On that same date, the surveyor reviewed the extended congregate care service plan for resident #1 and noted that according to the service plan, Resident #1 received continuous at night and was on during the day as needed (PRN) for saturation below 90%" or behavior "symptomatic of low saturation such as

On that same date, the surveyor interviewed the facility's health director. The health director stated that the facility had nurses on duty approximately 14-16 hours per day and the last nurse normally left at 8:00 PM and a nurse came back on duty at approximately 7:00 AM.

On that same date at approximately 3:45 PM, Employee A was interviewed and stated that for residents requiring continuous at night, the nurse will set up the and turn it on prior to leaving but said that if anything changes, "the med techs (medication technicians) know how to work the and can turn it on and put on the cannula." At approximately 4:00 PM, Employee A also stated that Resident #1 was unable to put her cannula on by herself and said that if a nurse was not available, the facility's med techs needed to put on the cannula and turn the on or off.

On that same date at approximately 2:30 PM, Resident #2 was interviewed and stated that facility staff manage her for her. Resident #2 stated that she prefered that the nurses assisted her with the but said that "all of the girls" who provide care for her know how to do it and said that whomever was on duty would put the cannula on her and turn the on for her.

Class III

E205-ECC - Health Assessment 58A-5.030(6) FAC
Based on interview and record review, the facility failed to insure that 1 of 2 sampled extended congregate care residents had documentation of a required annual health assessment, Resident #1.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Of Jacksonville	4870 Belfort Rd Jacksonville, FL 32256	

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

On , a review of Resident #1's chart was completed. The most recent health assessment for Resident #1 was dated . The health assessment was also on the version of AHCA form 1823 from 2006.

When interviewed on at approximately 3:30 p.m., the Health Coordinator confirmed that Resident #1 did not have a health assessment form completed other than the assessment in Resident 1's chart.

Class III