STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968046	09/11/2013
NAME OF PROVIDER OR SUPPLIER **Myrtice Angels Senior Home Care Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 Vernon St Jacksonville, FL 32209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0032-Resident Care - Elopement Standards-
0052-Medication - Assistance With
0084-Training - Assis Self-Admin Meds & Med Mgmt-09
0093-Food Service - Dietary Standards-

Revisit Repeat Tags:
0000-Initial Comments-
0165-Risk Mgmt & Qa; Adverse Incident Report-429.23 Fs; 58a-5.0241 Fac
0167-Resident Contracts-58a-5.025(1) Fac

Revisit New Tags:
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments

A follow up survey from was conducted on
Myrtrice Angels Senior Home had licensure deficiencies found at the time of the visit. There were two repeat deficiencies A 0165 (adverse incident reporting) and A0167 (contracts). There was a new deficiency of A 0056 for not obtaining medications in a timely manner.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff and resident interview, the facility failed to obtain a medication in a timely manner for a newly admitted resident, Resident #4, 1 of 5 sampled residents.

The findings include:

Resident was admitted to the facility on and had a health assessment (1823) dated the same day. The 1823 revealed she had a diagnosis of and needed supervision with medication. The Resident was ordered 100 mg in the morning and 700 mg in the evening for her

On at 2 p.m. Resident #4 was interviewed. She stated she had not received her since admission.

The Administrator was interviewed on She confirmed she was having difficulty obtaining this medication. She also stated she did not contact the resident's case manager for the missing medication or notify the resident's physician. The resident did not have her from until

The Resident's case manager was interviewed over the telephone on at 2:33 p.m. She stated she was not aware that the resident's missing since arriving at facility.

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Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and staff interview, the facility failed to report elopements as an adverse incidents for 1 of 6 sampled residents, Resident #1. This was previously cited on

The findings include:

Resident #1 was observed on at 11:20 a.m. sitting outside on the front porch. He had on a long sleeve shirt and sweater on. It was the middle of the summer and very warm outside.

Resident #1's record was reviewed. His health assessment revealed a diagnosis of with mental status changes and memory loss. Further review of the record revealed three forms from of the office of the Sheriff for the City of Jacksonville dated and another date that could not be read clearly. On these forms "missing persons" was initialed by the officer.

There were two resident observation notes revealing the resident would leave the facility without staff knowledge:

Resident still be runaway from the facility time to time and the staff have to go and bring him back.
Resident still had problems remembering and he got lost coming back from church and a police officer had to bring him home.

The Administrator on at 1:30 pm was interviewed regarding this resident. She stated the resident was Baker-acted on and returned on He returned with an additional diagnosis of rule out

She stated that she did not consider Resident #1 at risk for elopement every time he left because he was returned within 24 hours. She did not have a picture of him and did not implement her elopement policy and procedure. She did not know at the time that the resident was leaving sometimes he was going to see his wife but his wife did not want him to. Resident #1 was not allowed to see her. She stated she did not evaluate him for elopement even after he returned after his Baker-act. She stated she did not complete an adverse incident report and submit it as required.

There was a hand written note in the resident's record on At the doctor's request, resident to be admitted to the hospital as soon as possible to do his work.

The Administrator was interviewed on at 1:35 p.m. She stated she still did not submit an adverse incident for this resident because he was no longer there.

Class III

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	AL11968046	09/11/2013
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

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

Based on medical record review and staff interview, the facility failed to ensure 1 contract of 5 sampled resident contracts were complete. (Resident # 3). This was previously cited on 2013.

The findings include:

The clinical record for Resident #3 revealed a Lease Contract that was blank on number" 7" where it read (Tenant will pay monthly). The Administrator was interviewed on at 1:42 p.m. regarding the contract. She stated she was trying to get them done but she must have " just over looked that one."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Myrtice Angels Senior Home Care, LLC
2570 Vernon Street
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and a new deficiency identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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 (904) 798-4201.

Sincerely,

Keisha Woods

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

LW/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