STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968107	08/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Point Community Residential Facility Inc	1937 College Cir N Jacksonville, FL 32209

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
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
0000-Initial Comments
A biennial licensure survey with Limited Nursing Services (LNS) was conducted at North Point Community Residential Facility, Inc. in Jacksonville, Florida on , 2013. Deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to obtain a face-to-face medical examination (Resident Health Assessment - AHCA Form 1823) completed by a licensed health care provider within 60 days prior to admission or within 30 days following admission for 2 of 3 sampled residents (Resident #1 and Resident #2). The facility also failed to obtain a completed Resident Health Assessment for 1 of 3 sampled residents (Resident #2).

The findings include:

A record review on of the Resident Health Assessment (AHCA Form 1823) for Resident #1 revealed that it was completed on . A review of the demographic page for Resident #1 revealed that his admission date was . (photos obtained)

A record review on of the Resident Health Assessment (AHCA Form 1823) for Resident #2 revealed there was no documented date of completion on the assessment, nor was there an indicator documented by the health care provider of how much assistance Resident #2 required with medication administration. (photos obtained)

An interview with the administrator on at 1:30 pm revealed " I didn't realize that the dates were not correct. The doctor's office writes in wrong dates all the time. I will have to call them again." The administrator was not aware that Resident #2's Resident Health Assessment was incomplete and said that she would correct it immediately.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and staff interview, the facility failed to provide at least 45 days ' notice of relocation or termination of residency from the facility for 3 of 3 sampled residents (Residents #1, #2 and #3).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968107	08/12/2013
NAME OF PROVIDER OR SUPPLIER **North Point Community Residential Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **1937 College Cir N Jacksonville, FL 32209**	

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

A record review on [redacted] of the facility contracts for Residents # 1, #2, and #3 revealed that the Notice of Termination read " Discharge Termination: This residency termination agreement may be terminated by either party after receipt of a 30 day written notice of discharge. "

An interview on [redacted] at 1:40 pm with the administrator revealed " I thought it was a 30 day notice, I will have to change these contracts " .

Class III

0083-Training - First Aid and [redacted] 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to ensure that a staff member who had completed courses in First Aid and [redacted] and held a currently valid card documenting completion of such courses was in the facility at all times for 1 of 4 sampled employees. (Employee C)

The findings include:

A review of the facility ' s Employee Work Schedule on [redacted] revealed that Employee C was scheduled to work from 8:00 am through 8:00 pm Monday through Friday.

A review of Employee C ' s personnel file on [redacted] revealed that there was no documentation of completion of First Aid or [redacted] training.

An interview with the administrator on [redacted] at 2:15 pm confirmed that Employee C worked 12-hour shifts as noted above, and that Employee C worked alone during " at least part of her shift ". The administrator said that she was unaware that the appropriate training documentation was not in Employee C ' s personnel file and said that she would correct it right away.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview, the facility failed to ensure that the administrator or designated person responsible for the facility ' s food service and day-to-day supervision of food service staff obtained a minimum of 2 hours continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (ALF) for 1 of 4 sampled employees (Employee D).

The findings include:

A review of the facility ' s employee personnel files on [redacted] revealed that none of the employees ' files (Employees A, B, C or D) contained documentation of annual 2-hour continuing education related to nutrition or food service in an ALF.

An interview with the administrator on [redacted] at 2:15 pm revealed that none of the facility ' s employees were designated to supervise the facility ' s food service. The administrator stated that she was " scheduled to take the course " , but had not completed any continuing education to date.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968107	08/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Point Community Residential Facility Inc	**1937 College Cir N Jacksonville, FL 32209**

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

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that direct care staff received at least one hour of training in the facility ' s policies and procedures regarding within 30 days of employment for 3 of 4 sampled employees (Employees A, B and C).

The findings include:

A review of the facility ' s employee personnel files on revealed that Employees A, B, and C had no documentation of the completion of training.

An interview with Employee A on at 9:15 am revealed that she did not know what " " meant. When asked for an explanation of the term, Employee A replied, " I ' ve never heard of it. "

An interview with the administrator on at 2:15 pm confirmed that none of her employees had completed the training.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to ensure that resident records included documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney for 2 of 3 sampled residents (Residents #1 and #2).

The findings include:

A record review on of Resident #1 ' s facility contract revealed that a family member signed the contract on 11 The family member was also listed on Resident #1 ' s demographic sheet as a contact. There was no form indicating whether the family member was the health care surrogate, the guardian, or the designated power of attorney (DPOA) for Resident #1.

An interview with the administrator on at 2:00 pm revealed " His sister has power of attorney, not the one that lives here, but the other who lives in Orlando, I will call her to get a copy of it " .

A record review on of Resident #2 ' s facility contract revealed that a third party identifying themselves as Resident #2 ' s DPOA signed portions of the contract and was listed on Resident #2 ' s demographic sheet as the DPOA. (photos obtained)

An interview with the administrator on at 2:00 pm confirmed that this third party was in fact the DPOA for Resident #2. The administrator said that she would call the DPOA and obtain a copy of the paperwork for the resident's chart immediately.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
North Point Community Residential Facility, Inc.
1937 College Circle, North
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure with 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 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

JV/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