STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial survey licensure with Limited Mental Health was conducted at Reffine's House Assisted Living Facility with in Jacksonville, Florida on [redacted] 2013. Licensure deficiencies were identified as a result of the survey.

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 accurate information regarding the resident ' s assistance with the administration of medication for 1 of 2 sampled residents (#5).

The findings include:

A review of Resident #5's record and health assessment, revealed that Section 2-B of the form regarding self-care and general oversight was completed. Subsection (B.) regarding assistance with medication was incorrectly checked to indicate that the resident required assistance "medication administration".

An interview with Employee #1 (assistant administrator) was conducted on [redacted] at 5:55 PM. The employee administrator confirmed that resident did not require " medication administration " and that there were no licensed nursing staff employed by the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	

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

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, staff interview and record review, the facility failed to ensure that a medication was administered as ordered by the physician for 1 of 2 sampled residents. (#5)

The findings include:

A review of Resident #5 ' s record and medications revealed that the resident was prescribed ER 30mg tab, with instructions to take one tablet daily by mouth.

A review of the Medication Observation Record (MOR) confirmed that one 30 mg tablet should be administered once daily.

An review of the medication ' s label revealed that the resident was receiving a 60mg tablet of once daily, which is double the prescribed dosage.

An interview with Employee #1 (assistant administrator) on at approximately 5:49 PM confirmed that the medication had been given incorrectly to Resident #5 and would be discontinued and corrected.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on medication record review and staff interview, the facility failed to ensure that a resident ' s prescription was refilled in a timely manner for 1 of 2 sampled residents (#4).

The findings include:

A review of Resident #4 ' s record revealed that the resident was prescribed 2mg, 1 tab by mouth daily with breakfast. A review of the Medication Observation Record (MOR) revealed that the record was marked to indicate that the medication was administered on A review of Resident #4 ' s physical medications revealed that the medication was not present in the facility.

An interview was conducted with Employee #1 (assistant administrator) on at 6:05 PM who confirmed that the empty medication card for was not present in the medication box and that the was not present for the next scheduled dose on

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel record review and staff interview, the facility failed to ensure that three of the four employees

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	

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

(#2, #3 and #5) obtained documentation that they were free of communicable , including

The findings include:

Personnel record review revealed that Employee #2 was hired in of 2012. There was no freedom from communicable statement or screening result in the personnel file.

Personnel record review revealed that Employee #3 was hired in of 2011. There was no freedom from communicable statement or screening result in the personnel file.

Personnel record review revealed that Employee #5 did not have a record present in the facility. The employee's initals and signature were observed on the Medication Observation Record for and the month of 2013.

An interview with Employee #1 (assistant administrator) was conducted on at approximately 5:43 PM. The employee revealed that she could not locate the screens/communicable statements for any of the staff. The employee also stated that she was unable to locate a record for Employee #5.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on personnel record review and staff interview, the facility failed to ensure that two of four sampled employees (#2, #3) received the required in-service trainings.

The findings include:

1. A review of the employee records for Employee #2 revealed a hire date of 2011. There was no evidence of training in: elopement response and recognizing/reporting and neglect and

2. A review of the employee records for Employee #3 revealed a hire date of 2012. There was no evidence of training in: elopement response and recognizing/reporting and neglect and

3. An interview with the Employee #1 (assistant administrator) was conducted on at 6:10 PM. The employee acknowledged that certificates were not present in the employee files.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on personnel record review and staff interview, the facility failed to document training for 1 of 4 employees sampled (#2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

A review of employee records and schedule revealed that Employee #3 was scheduled throughout the month of and had a hire date of 2011. A review of the personnel files for Employees #2 revealed no evidence of training.

An interview with Employee #1 (assistant administrator) was conducted on at approximately 5:45am. The employee and confirmed that she could not find documentation of training completion for Employee #2.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on employee record review and staff interview, the facility failed to ensure that staff members who assisted with the self administration of medications had documenation of completed training one of five employees reviewed. (#5).

The findings include:

Personnel record review revealed that Employee #5 did not have a record present in the facility. The employee's initals and signature were observed on the Medication Observation Record for and the month of 2013.

An interview with Employee #1 (assistant administrator) was conducted on at approximately 5:43 PM. The employee also stated that she was unable to locate a record for Employee #5.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on personnel record review and staff interview, the facility failed to provide two of four sampled employees with Training (#2 and #3) within 30 days of employment.

The findings include:

A review of the employee records revealed that Employee #2 (hired 2011), did not have a record containing training in the facility's policy and procedure.

A review of the employee records revealed that Employee #3 (hired 2012), did not have a record containing training in the facility's policy and procedure.

An interview with Employee #1 (assistant administrator) on at approximately 5:52 PM confirmed that

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	

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

there were no certificates to indicate that training was issued to the staff members.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to obtain documentation that an informed consent for the assistance with self-administered medications by unlicensed staff was included in the resident contracts for 2 of 2 sampled resident records (#4 and #5).

The findings include:

A review of Resident #4's record revealed that there was no documentation of a signed informed consent for the assistance with self-administered medications by unlicensed staff and no evidence of a copy of the Optional State Supplement form documentation provided for the resident.

A review of Resident #5's record revealed that there was no documentation of a signed informed consent for the assistance with self-administered medications by unlicensed staff and no evidence of a copy of the Optional State Supplement form documentation provided for the resident.

An interview with Employee #1 (assistant administrator) was conducted on at 5:48 PM. The employee confirmed that the resident records did not have informed consent forms included. The employee stated that the case managers had not given the forms to the facility, but was unable to provide evidence that attempts to obtain the forms were made.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and staff interview, the facility failed to obtain documentation that an informed consent for the assistance with self-administered medications by unlicensed staff was included in the resident contracts for 2 of 2 sampled resident records (#4 and #5).

The findings include:

A review of Resident #4's record revealed that there was no documentation of a copy of the Optional State Supplement form documentation provided for the resident.

A review of Resident #5's record revealed that there was no documentation of a copy of the Optional State Supplement form being provided for the resident and no evidence of the resident's Community Support Plan.

An interview with Employee #1 (assistant administrator) was conducted on at 5:48 PM. The employee stated that the case managers had not given the forms to the facility, but was unable to provide evidence

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reffine's House	523 Fern Street Jacksonville, FL 32206	

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

that attempts to obtain the forms was made. The employee was unable to locate a copy of the resident's community support plan.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record review and staff interview, the facility failed to ensure that 3 of 3 sampled employees received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. (#1, #2, #3)

The findings include:

A review of employee records revealed that Employees #1, #2 and #3 only had documentation for only 4 hours of training related to Limited Mental Health, instead of the required 6 hour course. Each of the three employees had hire dates of a 6 months or longer.

An interview was conducted with Employee #1 (assistant administrator) on at 5:33 PM. The employee confirmed that only 4 hours of documented training was present in the records.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on staff interviews and personnel record reviews, the facility failed to provide documenation that a required level 2 background screen was obtained for 1 of 5 employees (Employees # 5).

The findings include:

Personnel record review revealed that Employee #5 did not have a record present in the facility. The employee's initals and signature were observed on the Medication Observation Record for and the month of 2013.

An interview with Employee #1 (assistant administrator) was conducted on at approximately 5:43 PM. The employee also stated that she was unable to locate a record for Employee #5.

Unclassified

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Reffine's House
523 Fern Street
Jacksonville, FL 32206

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health 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

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