STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911432	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER **Riverside Presbyterian House**	STREET ADDRESS, CITY, STATE, ZIP CODE **2020 Park Street Jacksonville, FL 32204**	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
A relicensure survey was conducted on
Riverside Presbyterian House had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview, and facility document review, the facility failed to provide assistance with medication self administration by not reading the label or discussing what medications were provided for 3 out of 3 residents (#11, #8, and #1) observed during medication pass.

The findings include:

1) During the provision of medication on at approximately 10:15 AM Medication Aide D assisted with the medication to Resident #11 without reading labels or discussing medications with the resident.

2) During the provision of medication on at approximately 10:30 AM Medication Aide D assisted with medications for Resident #8 without reading the labels or discussing the medications with the resident. Resident #8 stated "I really don't know what I am taking."

3) During an observation on at approximately 11:30 a.m. Caregiver C assisted resident #1 with self administration of her Prandin 1 mg medication. During this observation Caregiver C failed to read the medication label or discuss with the the resident what medication she was receiving.

4) A review of the assisted living facility's policy for "Assisting with Self-Administered Medication" revealed that it read "in the presence of the resident, read the label, open the container, remove a prescribed amount of medication".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Riverside Presbyterian House
2020 Park Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on , 2013 by representatives 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 surveyors. 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

DA/JS/BB/KW/sm
Enclosure

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