STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965877	**10/16/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stephens Memorial Home	**5805 Datil Pepper Road St Augustine, FL 32086**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care monitoring visit was conducted on October 16, 2013. Stephens Memorial Home had Licensure deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and staff interview, the facility failed to honor resident rights for Resident #1 for restraints.

The findings include:

On 10/16/2013 at 2:20 p.m., Resident #1 was observed lying in her bed. Her right side of the bed was pushed up against the wall and her left side of the bed had two wheelchairs and one walker lined up along the whole length of the bed. Employee E, the caregiver for this resident was asked what these items were alongside the resident's bed. Employee E on 10/16/2013 at 2:21 p.m. stated that they line up these items along her bed to prevent her from falling out of bed. Employee B then took one of the cushions off of her wheelchair and placed it between the wheelchair and bed. She stated that was supposed to be on there too. She confirmed it blocked her from getting out of bed. The resident had dementia and could not be interviewed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2013

Administrator
Stephens Memorial Home
5805 Datil Pepper Road
St Augustine, FL 32086

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on October 16, 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 **December 5, 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 904/798-4201.

Sincerely,

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

LW/KW/sm
Enclosure

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