STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964643	01/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bishop Christian Home	1627 East 8th 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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013012627, and a Limited Nursing Services (LNS) survey were conducted at Bishop Christian Home in Jacksonville, Florida on , 2014. Deficiencies were identified at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and staff interview, the facility administrator failed to monitor for the appropriateness of continued residency of a resident for 1 of 3 sampled residents residing in the facility.

The findings include:

A review of the clinical record for Resident # 2 on revealed that she was admitted to the facility on with diagnoses including type. Documentation also indicated that the was "hyper-verbal".

A review of the physician's order sheet dated (date of admission to this facility) revealed that the orders from the Mental Health Resource Center discharged all medications, and started the resident on all new medications.

A review of the facility ' s observation notes covering a period from through revealed that Resident #2's behavioral issues progressively worsened over this time period, though no violent behaviors were documented. Resident #2 was on due to threats of self-harm, again on due to "acting out", and finally on due to uncontrollable behavior. On all but the last occasion, Resident # 2 was re-admitted to the facility with continued behavioral issues.

An interview with Employee A (Administrator) on at 11:58 AM revealed that when asked how he intended to prevent an incident like this from recurring, he replied that going forward, he intended to be more careful about who he admitted to the facility. When asked whether he had considered whether Resident #2 remained appropriate for the facility, he replied that Resident #2 had been "everywhere already", and that 'no one else would take her.'

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and staff interview, the facility failed to provide a 45-day notice of discharge, upon determination by the administrator that a resident's needs could not be met by the facility for 1 (Resident #2) of 1 sampled residents.

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The findings include:

An interview with Employee C (Assistant Administrator) on at 1:30 PM revealed that Resident #2 was currently residing in "Memorial Hospital ' s unit". 'She calls here all the time. We don ' t intend to take her back. ' When asked whether a 45-day notice was provided to the resident, Employee C stated that she didn ' t think a 45-day notice was provided, and deferred to the facility Owners/Administrators.

An interview with Employees A and B on ... at 1:42 PM revealed that a 45-day notice was not provided to the resident or the resident ' s representative indicating that the facility could no longer meet her needs. When asked, both Employees A and B stated that they would not be accepting Resident #2 back into the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bishop Christian Home
1627 East 8th Street
Jacksonville, FL 32206

Re: CCR #2013012627

Dear Administrator:

This letter reports the findings of a state licensure complaint and Limited Nursing Services survey that was conducted on . 2014 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 **2014** 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,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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