STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968314	01/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wiley Retirement Home	7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2014000821, as well as a Limited Nursing Services (LNS) monitoring survey were conducted at Wiley Retirement Home in Jacksonville, Florida on , 2014. Licensure deficiencies were identified as a result of the complaint survey.

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observation, interview and record review, the facility failed to ensure adequate supervision and care for 5 (#1, #2, #3, #4, and #5) of 5 sampled residents who were at risk for .

The findings include:

A tour of the facility on at 9:10 AM revealed that it was able to accommodate 24 residents.

An observation of Resident #2's approximately 10:00 AM on revealed that his bed had side rails which were both in the up position. A gray foam mat was observed on the floor beside the bed. The located six doors down the hall on the left side in the center portion of the building.

An observation of Resident #3's approximately 10:10 AM on revealed that it was located near the far end of the residential hallway.

A review of the Incident Report Log on revealed that Resident #1 sustained on the following dates: , 2013 at 3:30 PM, , 2013 at 8:46 PM, , 2013 at 6:55 PM, and 013 at 10:10 PM

A review of the Incident Report Log on revealed that Resident #2 sustained on the following dates: , 2013 at 9:55 AM, and , 2013 at 7:30 AM.

A review of the Incident Report Log on revealed that Resident #3 sustained on the following dates: , 2013 at 6:30 PM, , 2014 at 11:30 AM, , 2014 at 10:00 PM, and , 2014 at 3:00 AM.

A review of the Incident Report Log on revealed that Resident #4 sustained on the following dates: , 2014 at 2:00 AM , , 2014 at 6:00 AM, and , 2014 at 6:00 PM.

A review of the Incident Report Log on revealed that Resident #5 sustained on the following

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dates: !014 at 4:50 PM, and . 2014 at 10:15 AM.

A review of the admission and discharge log on . revealed that there were currently 18 residents in the facility.

A review of facility records on . revealed that there were no policies and procedures for ...| prevention, safety or observation of the residents available for review.

An interview with Employee D on . at 10:02 AM confirmed that rounds were made " all the time " to check on the residents and to ensure safety. When asked how the residents communicated their needs from their , she replied that " most of the time " they were encouraged to stay in the front area of the facility participating in activities, so that they could be supervised more closely. ' If they ' re in their . and they need help, they have to yell to us, come out and get one of us, or wait until we do rounds. ' When asked what she did to ensure that residents didn ' t , she replied that she tried to keep their . clean and clutter-free, and that she tried to keep a close eye on them.

An interview with Employee E on . at 10:15 AM revealed similar responses as were provide by Employee D. Employee E stated that rounds were made and that residents were occupied in activities which helped the staff supervise the residents. When asked how often rounds were made, she replied that she made rounds hourly. When asked whether the facility had a protocol for ...| prevention, she replied that she wasn ' t aware of a specific protocol for ..| prevention. When asked how a resident would reach her if they were in their , she replied that they would have to call out for help, or come out and find a staff member.

An interview with the administrator at 3:40 PM revealed that the facility had no policy and procedure related to prevention and/or safety measures regarding the residents ' welfare. During a discussion with the administrator regarding several residents with multiple and no documented or planned protocol for staff to follow regarding ...| prevention, safety and monitoring of the residents, the administrator stated that she understood the need for a written protocol but that she hadn ' t been able to address that yet. She went on to say that she intended to address it and to educate her staff as to the expectations. When asked what the current facility practice was for preventing the administrator stated that she tried to keep the residents who were at higher risk for closer to the front of the building, and that she expected the staff to complete hourly rounds to ensure safety. When asked how many staff members were scheduled in the evening and at night, the administrator replied that there are two staff members scheduled from 7:00 AM through 7:00 PM daily seven days a week, and that she worked from 8:00 AM through 5:00 PM daily, Mondays through Fridays. She said that she staffed one person from 7:00 PM through 7:00 AM every day, and that she was always on call. She also confirmed that there was no call light system in the facility, and that the residents had no way of communicating their needs to staff other than calling out, or getting up and coming out into the facility to find a staff member.

An interview with the administrator at 4:30 PM confirmed that she would increase the 7:00 PM - 7:00 AM staff from one employee to two employees for increased resident safety, and that she would do this immediately.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Wiley Retirement Home
7024 Wiley Road
Jacksonville, FL 32210

Re: CCR #2014000821

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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