STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	04/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
San Juan Retirement Home	6561 San Juan Ave. 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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels 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 - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey with Limited Mental Health (LMH) standards was conducted at San Juan Retirement Home in Jacksonville, Florida on , 2014. Licensure deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure that two residents, Residents #3 and #5, had complete and accurate Health Assessments out of 11 sampled residents.

The findings include:

1. Resident #3 had a Health Assessment dated revealing the resident needed assistance with self-administration of medications and was to receive 5 units of Lantus daily.

Employee C on at 11:00 a.m. was interviewed. He stated that the Health Assessment was not correct because the resident self-administered his own . He reported the 5 units was not correct, and that Resident #3 took 25 units of Lantus.

2. A review of Resident #5's most recent Resident Health Assessment dated revealed that the health care provider failed to indicate whether or not the resident required assistance with medication administration. (Section 2B, page 4 of assessment) (Photo obtained)

An interview with Employee C on at approximately 5:00 p.m. revealed that he was unaware that the documentation was incomplete. He stated that he would follow up with Resident #5 ' s health care provider.

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Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview, the facility failed to provide an ongoing activities program which was comprised of at least 12 hours of activities per week. This potentially all 27 of the facility's residents.

The findings include:

A review of the activities calendar for 2014 revealed that time frames were not noted for scheduled activities. It was not possible to tell how many hours per week the facility was scheduling activities. No other documentation was available for review. (photo obtained)

An interview with Employee C on at approximately 10:02 a.m. revealed that he was aware that time frames were not documented on the activities calendar. When asked whether he involved the residents in planning the activities, he replied that he did, however, he had no documentation to support his statement. When asked how the surveyor could confirm that at least 12 hours of activities were being provided weekly, Employee C replied that he did not know.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to ensure that "as needed" medications were provided at the request of a competent resident for 1 of 5 residents sampled for medication review. (Resident #7)

The findings include:

Observation of assistance with self-administration of medication on at 11:55 a.m. revealed that Resident #7 was provided 5-325, one tablet orally. During the process, Employee A walked over to where Resident #7 was sitting, and as Employee A dispensed the pills into the medication cup, she explained to Resident #7, "Here's your and your pain pill." Employee A handed Resident #7 the cup of medication. She waited while Resident #7 swallowed the medication, she thanked her, and went back to the medication cart. Observation of Resident #7 during the time of the medication pass process revealed that she exhibited no physical signs or symptoms of pain. She did not complain of pain prior to provision of the pain medication, nor did she request pain medication.

A review of Resident #7's medication observation record (MOR) for 2014 revealed the following order: 5-325 tabs, one tab orally three times daily as needed. The MOR was signed off by staff three times daily, except on , when it was signed off twice. (photo obtained)

A review of Resident #7's Resident Health Assessment (AHCA Form 1823) dated (page 4) revealed that 5-325 tabs were ordered three times daily as needed. Further review of the same assessment revealed that Resident #7's or Behavioral Status" was noted as "demented. (photo obtained)

An interview with Employee A at approximately 12:00 p.m. confirmed that she was unaware that she could not provide "as needed" medication unless a competent resident requested it first.

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Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to maintain an accurate daily Medication Observation Record(MOR) for 1 of 2 residents, Resident #3.

The findings incude:

Resident #3 had a Health Assessment dated revealing the resident needed assistance with self-administration of medications and was to receive 5 units of Lantus daily.

Review of the resident's 2014 MOR revealed an order for Lantus 15 units every night.

Employee C was interviewed on at 11 a.m. He confirmed that the MOR was incorrect. The resident received 25 units of Lantus daily.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and interview, the facility failed to obtain clarification from a physician for an as-needed (PRN) medication which required the independent judgment of unlicensed staff for 1 out of 5 sampled residents (Resident #).

The findings include:

Observation of assistance with self-administration of medication on at 11:55 a.m. revealed that Resident #7 was provided 5-325, one tablet orally. During the process, Employee A, an unlicensed staff, walked over to where Resident #7 was sitting, and as Employee A dispensed the pills into the medication cup, she explained to Resident #7, "Here's your and your pain pill." Employee A handed Resident #7 the cup of medication. She waited while Resident #7 swallowed the medication, she thanked her, and went back to the medication cart.

A review of Resident #7's medication observation record (MOR) for 2014 revealed the following order: 5-325 tabs, one tab orally three times daily as needed. The MOR was signed off by staff three times daily, except on , when it was signed off twice. (photo obtained)

A review of Resident #7's Resident Health Assessment (AHCA Form 1823) dated (page 4) revealed that 5-325 tabs were ordered three times daily as needed. The assessment revealed the resident required assistance with self-administration of medication.

An interview with Employee A at approximately 12:00 p.m. confirmed that she was unaware that she could not provide "as needed" medication without specific parameters from a physician.

Class III

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0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observation, record review, and staff interview, the facility failed to have an active administrator oversee the general operations of the assisted living facility.

The findings include:

On ..... at 11:04 a.m., the Administrator , Employee F was interviewed. She stated even though she was the Administrator on file, she had not been active in the daily operations for the facility. In .. 2013, she sold this facility to a management company and they have been running it. She was asked to be a consultant while transitioning but rarely was called for guidance. She was asked questions regarding health assessments not being complete, medication records not accurate, food service menus not followed, staffing requirements not being met, admission/discharge logs not correct, and missing trainings in employee records. The Administrator stated she could not answer any questions because she did not oversee any of it. She stated that she was instructed not to come to the facility at all and let the management company do all of the daily operations. She stated Employee C
(from the management company) was to oversee the daily operations.

Employee C was interviewed on ... at 2:40 p.m. He stated that he was overseeing operations since ..... 2013, but had not received the Core Training for Assisted Living Facilities yet.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on review of the monthly staffing calendar and staff interview, the facility failed to maintain minimum staffing hours per week .

The findings include:

Review of the ... 2014 staffing schedule revealed that two full time staff work day shift (12 hours each) and there was one full time staff and one part time staff at night (The one part time staff only worked 5 days a week). The census was 27. Per staffing standards, 294 hours were required weekly. ... of average work hours for staff was 280 hours. This did not meet minimum staffing requirements.

Employee C, the potential new Administrator/ Manager was interviewed on at 10:30 am. He stated that they do not track the needed hours for the census. He confirmed that they only have two people work day shift and one and a half at night. He was not aware that it did not meet requirements.

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 a new employee, Employee E had the required in-service training in ..... control, reporting incidents, resident rights, and food handling within 30 days of hire, for 1 of 3 sampled employees..

The findings include:

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Employee E was hired as a caregiver on _ _ _ _ _ . Review of his personnel record revealed he did not the required inservice training in _ _ _ _ _ _ control, reporting incidents, resident rights, and food handling within 30 days of hire.

The Administrator of the owner's other assisted living facility , Employee G was interviewed on _ _ _ _ _ at 3:45 p.m. She confirmed that Employee G did not have these required trainings.

Class III

0082-Training - _ _ _ _ _ _ _ _ 58A-5.0191(3) FAC
Based on personnel record review and staff interview, the facility failed to ensure that a new employee, Employee E, had the required in-service training for _ _ _ _ _ _ _ within 30 days of hire, for 1 of 3 sampled employees.

The findings include:

Employee E was hired as a caregiver on _ _ _ _ _ _ . Review of his personnel record revealed he did not the required inservice training in _ _ _ _ _ _ _ within 30 days of hire.

The Administrator of the owner's other assisted living facility , Employee G, was interviewed on _ _ _ _ _ at 3:45 p.m. She confirmed that Employee E did not have this required training.

Class III

0090-Training - _ _ _ _ _ _ _ _ 58A-5.0191(11) FAC
Based on personnel record review and staff interview, the facility failed to ensure that a new employee, Employee E had the required in-service training for _ _ _ _ _ _ _ within 30 days of hire, for 1 of 3 sampled employees..

The findings include:

Employee E was hired as a caregiver on _ _ _ _ _ _ . Review of his personnel record revealed he did not the required inservice training in _ _ _ _ _ _ wthin 30 days of hire.

The Administrator of the owner's other assisted living facility , Employee G was interviewed on _ _ _ _ _ at 3:45 p.m. She confirmed that Employee E did not have this required training.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on personnel record review and staff interview, the facility failed have the food service designee have the annual 2 hours of continuing education.

The findings include:

Employee H was identified as the food service designee. Review of the employee's personnel record revealed a

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food sanitation certificate dated . . . . . A current one for 2013 was not seen.

Employee C confirmed there was no documentation of annual 2 hour continuing education on . . . . . at 3:45 p.m.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, review of facility menu, and staff interview, the facility failed to serve the planned menu, failed to measure proportions, and failed to provide a therapeutic diet for Resident #4, 1 of 2 sampled residents.

The findings include:

1. On . . . . at 11:58 a.m. Employee H, the cook, was observed preparing and serving food for the residents. He was putting spaghetti and sauce, broccoli, and a dinner roll on each plate and serving it to the residents. He did not have measuring utensils and was using standard tongs and spoons to put these items on the plate.

Review of the facility menu for Week 1, Wednesday lunch revealed 1 and half cups of pasta bake with 3 ounce of meat cheese, 1/2 cup of spinach and 1 slice of cornbread and 1/2 cup diet canned fruit or 1 piece of fresh fruit.

Employee H was interviewed on . . . . . at 12:15 p.m. He confirmed he did not serve the planned menu. He confirmed that he did not substitute the fruit at all. He stated that he only served fruit at dinner time and that was facility policy. He confirmed he did not use measuring utensils to proportion the food he served on the plates. He reported he knew how much everyone ate and would place the appropriate amount on their plates. He also stated he did not utilize the substitution menu to add these items for today's lunch. Review of the substitution menu revealed the last substitution was in . . . . . Employee H stated he substitutes items a few times a month.

2. An observation of the noon meal on . . . . . at approximately 12:30 p.m. revealed that Resident #4 was served a regular diet as stated on the regular menu.

A . . . . review of the most current Resident Health Assessments (AHCA Form 1823) for Resident #4, dated . . . . . revealed that Resident #4 was ordered a low-fat, low-chc . diet by his health care provider. (Photo obtained) Further review of Resident #4 ' s clinical record revealed no diet waiver available for review.

A review of the menu provided by Employee C on . . . . . revealed that it was a regular diet. There were no therapeutic provisions observed on the menu provided for review.

An interview with Employee C on . . . . . at 2:33 p.m. revealed that the only menu that was provided for the facility by the dietitian was for the regular diet. When asked, Employee C denied having any therapeutic diet menus. When asked what he would do for a resident on a therapeutic diet, Employee C stated that he would get a menu from the dietitian, so that the facility could provide the appropriate diet. When the Resident Health Assessment dated . . . . . for Resident #4 was reviewed with Employee C regarding the low-fat, low-chc . I diet ordered for Resident #4, Employee C stated that he would follow up with Resident #4 ' s physician and the dietitian right away.

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Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on review of the Admission/Discharge log and staff interview, the facility failed to maintain an Admission/ Discharge log.

The findings include:

Resident # 3 had a demographic sheet listing he was admitted to the facility on . Review of the Admission/Discharge Log revealed that he resident was not on there.

An interview with Administrator , Employee F was conducted on at 11:04 a.m. She confirmed the resident was not on the Admission/Discharge Log. The Admission date on the Demographic sheet was not correct. The resident had left the facility and just came back here a few months ago.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and staff interview, the facility failed to have a job description and application on file for 1 of 3 sampled employees, Employee E.

The findings include:

Employee E was hired as a caregiver on . Review of his personnel record revealed he did not have a job application completed or job description on file.

The Administrator of the owner's other assisted living facility , Employee G, was interviewed on at 3:45 p.m. She stated she did not have a job application for this employee or job description in his file.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to have a resident contract for 1 of 2 sampled residents. (Resident #3)

The findings include:

1. Resident #3 was admitted to the facility sometime in the beginning of 2014. The Resident was not on the admission/discharge log and the demographic sheet listed the admission date of 2007.

Review of the resident's contract revealed a date of , 2012 and it was for a different facility . A current contact with the correction lacation was not in the file.

An interview with Administrator , Employee F was conducted on at 11:04 a.m. She confirmed the resident was not on the Admission/Discharge Log. The Admission date on the Demographic sheet was not correct. The resident had left the facility years ago and just came back here a few months ago. The resident was

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transferred from another assisted living facility that she owned.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on employee record review and staff interview, the facility failed to ensure that staff have the 3 hours of continuing education in limited mental health for 2 of 4 sampled employees, Employees C, and D.

The findings include:

Review of employee personnel files revealed:

Employee C was hired in 2008 as a caregiver. He had 6 hours limited mental health training on 2004. The 3 hours of continuing education was not seen.

Employee D was hired as a caregiver on . She had limited mental health training on 2009. The 3 hours of continuing education was not seen.

Employee C was interviewed on at 4 p.m. He stated that he was not aware that continuing education requirements were needed in limited mental health.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
San Juan Retirement Home
6561 San Juan Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on , 2014 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 **, 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

JG/JM/sm
Enclosure

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