STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	04/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Of Jacksonville	4870 Belfort Rd Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin

Specific Tag Findings:

0000-Initial Comments
At Sunrise of Jacksonville assisted living facility, an unannounced complaint (CCR#2014002437) investigation was conducted on , 2014. There were deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record reviews, the Assisted Living Facility failed to obtain an updated written record when there was a change in condition for 1 of 8 residents (#1). Specifically, failure to document the event where Resident #1 was transported to the Emergency (ER) for a change in mental status.

The findings include:

1) On at 3:40 PM an interview was conducted with the Administrator. The Administrator reported Resident #1 was transported to the ER on for signs of a and . The Administrator confirmed there was no documentation in Resident #1's record. The Administrator stated he would have expected the nurse to write a note when Resident #1 was transported to the ER.

2) A review of Resident #1's progress notes revealed no documentation of the resident being transported or assessed for a change in condition on . The last progress notes dated indicated Resident #1 "denies any pain or discomfort to her right knee".

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interviews and observations, the Assisted Living Facility (ALF) failed to follow the assistance with self-administration of medications process for 1 of 3 residents (#2). Specifically the ALF staff failed to read the medication labels in the presence of the resident as required in Florida Statute. 429.256

The findings include:

1) On at 10:02 AM Resident #2 was observed being assisted by Medication Technician (Med Tech) with assistance with self-administration of medication. The Med Tech was observed in Resident #2's she washed her hands and pushed each pill from the packets into a soufflé cup. The Med Tech then handed Resident #2 some water to take her medications. During the observation, the Med Tech failed to read the medication label in the presence of the residents.

2) On at 10:22 AM, an interview was conducted with Resident #2. Resident #2 reported she did not know the names of the medications she had taken.

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3) On at 11:23 AM an interview was conducted with the Med Tech. The Med Tech reported Resident #2 did not know what medications she was taking. The Med Tech confirmed she does not read the medication label to Resident #2. She stated when she tries to tell Resident #2 what her medications are but Resident #2 just starts talking about other things.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunrise of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Re: CCR #2014002437

Dear Administrator:

This letter reports the findings of a state licensure complaint 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,

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

CB/JM/sm
Enclosure

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