

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942717	(X3) DATE SURVEY COMPLETED 04/25/2014
NAME OF PROVIDER OR SUPPLIER Deerwood Place	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 A C Skinner Parkway 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 - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
 St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
 St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
 St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
 St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial relicensure survey was conducted on . Deerwood Place had Licensure deficiencies found at the time of the visit.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

Based on observation and interview the facility failed to ensure a licensed nurse take or supervise the taking of vital signs.

The findings include:

Observation on at 1:55 PM found a cuff on the medication cart in the medication

at 3:12 PM Employee A, a medication technician, revealed she obtains vital signs on residents after an incident occurs and they need to obtain vital signs, including the . She stated she will then report it to the nurse for her to follow up. She stated she has an emergency the other day and she was able to grab the cuff and check the vitals. She stated she usually checks and vital signs in case of any type of status change.

at 4:54 PM an interview with the DON revealed the caregivers are Med Techs/C.N.A.'s and they do all of the daily vital signs every morning after they come in to work. She said they obtain the during or before med pass for clients who have ordered before a medication is given.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review, the facility failed to ensure that residents who receive assistance with self-administration of medication have medication refilled in a timely manner for 3 of 4 sampled residents (Resident #11, #7, #14).

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The findings include:

1) at 9:25 AM a medication observation with Employee #B revealed Resident #11 is out of 81 milligram (mg), 20 mg and 200 mg . Med cards were observed to be empty. Employee B stated the pharmacy will deliver the medication later. She said the pharmacy delivers the 3rd week every month on Friday. She explained that if a medication or drops to the floor, she will tell the nurse. She said that the medication can be ordered and delivered, and she was able to show me another resident medication that ran out early and the medication card was replaced with one tablet. She said she was not the medication technician (med tech) who worked yesterday. Employee #B she said they can fax the pharmacy and make sure the medications get here on time. She went and spoke to her nurse and returned and stated they will call the doctor to get an order to give those missing medications later.

On at 10:25AM Employee #B returned and said the medications were delivered. Observed Resident #11;s medication card labeled 81 mg, 20 mg and 200 mg (.....).

2) On at 9:50 AM Employee #C ,a med tech, was overheard telling Resident #7 some of her medication was not available to give. Employee #C confirmed a few medications were not available to give because it was the end of the month and they sometimes run low.

On at 10:05 AM an interview with Employee #C revealed they ran out of medication the month before last. She said on the 25th of every month the pharmacy automatically delivers. She stated, " We will let the nurse know if we run low and the pharmacy will deliver the medication " . She said it happens each month consistently. Employee #C said the nurse checks the medication carts daily for medications that are running low. She said she saw Resident #7's medications were running low and she did not tell the nurse because the nurse always checks her cart.

On at 10:15 AM an interview with Employee #D, A licensed practical nurse (LPN) revealed she called Resident #7's doctor to explain she did not receive her 2 pills. Employee #D said this was a new process they were doing, and that the nurse on shift is to check the medication carts daily to see if any meds are running low. She said she does not know if the nurse checked the carts yesterday or if the pharmacy was called.

3) at 10:14 AM a medication observation with Employee C revealed Resident #14 was missing 2 of his prescribed medication. Employee #C stated the and are not available to give right now. She said the pharmacy had not delivered the medication. She told Resident #C that 2 of his 4 morning medication were missing. She administered 2 tablets only.

The pharmacy delivered medications to the facility at 10:17 AM

On at 10:20 AM an interview with the delivery technician from the pharmacy revealed he just delivered the monthly medications. He said he comes the last Friday on the month at noon. He said this facility called and said to get there immediately with the medication because survey was here.

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On 04/25/2014 at 10:22AM Employee #C showed 2 medications for Resident #7 had just been delivered and she was going to give them now. The package was labeled 20 mg take 2 tablets by mouth (po) every 12 hours and 50 mg take 1 and 1/2 tab by po twice daily.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and observation of the employee records the facility failed to ensure that all employees within 30 days submit written documentation from a health care provider that they were free from signs or symptoms of communicable

The findings include:

A review of Employee A's personnel file revealed a date of hire of 04/25/2014. There was no documentation of freedom from communicable found in the employee file.

A review of Employee B's personnel file revealed a date of hire of 04/25/2014. There was no documentation of freedom from communicable found in the employee file.

A review of Employee C's personnel file revealed a date of hire of 04/25/2014. There was no documentation of freedom from communicable found in the employee file.

On 04/25/2014 at 03:45pm: An Interview with the facility Director who confirmed that there was no documentation of being free from communicable statement on file for Employee A, B & C.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed to provide daily snacks for residents without access to kitchen.

The findings include:

On 04/25/2014 at 1:50 PM an interview with the Certified Dietary Manager (CDM) revealed, we only serve fruit and yogurt in the morning at breakfast and the residents can save it for a snack later. She said the facility used to make snacks, like sandwiches, but they were never eaten and they were throwing them away, so they don't offer snacks anymore. The CDM reported the families or residents buy their own snacks if they want it.

at 2:24 PM an interview with Employee #B revealed the family members of the residents will buy the snack items. She reported there were oranges, yogurt, and apples given at breakfast. Employee #B said the residents go shopping twice a week to Wal-Mart and buy their own snacks if needed.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/23/2014
FORM APPROVED

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at 4:08 PM an interview with Resident #4 revealed he used to get snacks but not anymore. He stated he would like snacks because he doesn't get to eat after dinner and before breakfast. He stated he used to get a peanut butter and jelly sandwich before at night and would like that again or at least something.

at 4:34 PM an interview with the Director of Nurses (DON) revealed she was told by her administrator that they did not have to serve snacks. She reported the facility asks the residents family to provide snacks. She reported that they gave fruit, apples, oranges and yogurt at breakfast. The DON reported that the residents have to save it if they want a snack later, unless the family provides snacks.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on interview and observation the facility filed to provide a safe living environment and maintain the residents to be free from hazards.

The findings include:

On at 9:50 a.m. Resident # 10 stated " It would be better if they had some cooperation. We are not all and I don't want to be treated like I don't know what going on when a plumbing leak in the beauty shop and the wall is still torn down. "

Observation on revealed a wall in the beauty salon with a blanket hanging on the wall. When the blanket was pulled back a hole was observed and had wires and piping exposed.

On at 10:50 a.m. an interview with the cosmetologist who stated " they had a pipe to burst last year and they repaired the pipe but never repaired the cut out in the wall. She stated that this occurred 2013. (photographic evidence obtained)

On at 12:20 pm interview with the Director who stated that she was not aware that there was a hole in the wall of the beauty salon.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on interview and record review the facility failed to ensure the daily, weekly or monthly rate was included in the resident contract for 1 of 2 sampled residents (Resident #7).

The findings include:

Record review of Resident #7 resident contract agreement dated , 2012 revealed the monthly charge was blank.

at 2:30 PM an interview with the administrator revealed the resident agreement contract for Resident

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#7 was blank and should have had her financial responsibility written on the contract.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview the facility failed to conduct monthly nursing assessments for 1 of 2 sampled residents receiving LNS services (Resident #3).

The findings include:

Record review of Resident #3 revealed there were no monthly nursing assessments in the record.

at 4:20 PM an interview with the DON revealed Resident #3 does not have monthly progress notes in her record. She said she has an order for _____ as needed (PRN) but said, I don't think she has ever used it. The DON said she probably shouldn't be receiving LNS services. She said she will call Resident #3 doctor and ask if she can discontinue her _____ as she is not using it, and take her off of LNS services.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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 -4201.

Sincerely,

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

MB/JM/sm
Enclosure

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