STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968279	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mason House, Llc	8005 Renault Dr H Jacksonville, FL 32244	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced initial Limited Nursing Services (LNS) survey was conducted at Mason House in Jacksonville, Florida on , 2014. Deficiencies were identified as a result of the survey.

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

Based on record review and staff interview, the facility failed to ensure that contracted staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable including for 1 of 1 sampled contract employees. (Contracted Nurse)

The findings include:

A review of the contracted Limited Nursing Services (LNS) nurse's personnel file on revealed that the LNS nurse's contract was signed and dated on , however there was no documentation from the contracted LNS nurse's health care provider stating that the LNS nurse was free from communicable including

An interview with the administrator on at approximately 9:45 AM revealed that she was unaware that this information was required.

Class III

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

Based on record review and staff interview, the facility failed to maintain a form for recording all residents receiving limited nursing services (LNS) and the type of service provided. The facility also failed to maintain a nursing assessment form for the completion of a monthly nursing assessment which is required for all potential limited nursing services admissions.

The findings include:

A review of the facility binder containing all of the facility forms related to the provision of limited nursing services on revealed that there was no monthly nursing assessment form, nor was there a form for recording admission and discharge from LNS services for potential LNS residents.

An interview with the administrator on at approximately 9:55 AM revealed that she was unaware that these forms were required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968279	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mason House, Llc	8005 Renault Dr H Jacksonville, FL 32244	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and staff interview, the facility failed to ensure that any person contracting with a provider or licensee whose responsibilities required him or her to provide personal care or personal services directly to clients received a level II background screening for 1 of 1 sampled contract employees. (Contracted Nurse)

The findings include:

A review of the personnel record for the contracted Limited Nursing Services (LNS) advanced registered nurse practitioner (ARNP) revealed a contract date of 2014. A current Florida nursing license was also provided for review, however, no letter of eligibility related to a level II background screening was located in the file.

During a interview with the administrator at approximately 9:45 AM, the administrator stated that she was unaware that a level II background screening for the LNS contracted nurse was required.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Mason House, LLC
8005 Renault Drive H
Jacksonville, FL 32244

Dear Administrator:

This letter reports the findings of a state initial licensure 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure