STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965723	06/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mandarin Manor	**1815 Orange Picker Rd Jacksonville, FL 32223**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR # 2014003214, was conducted on ..... Mandarin Manor had a deficiency found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview, and record review the facility failed to ensure a physician order and consent was obtained before using ..... for 1 of 3 sampled residents (Resident #3).

The findings include:

On ..... at 8:40 AM during initial tour, an observation of Resident #3 revealed she was in bed with half bedrails on each side of the bed.

Record review of Resident #3 revealed there was no physician order for bed rails recorded in the record, and there was no consent for bed rail on the record.

On ..... at 10:25 AM an interview with Employee A stated, Resident #3 uses both of the bed rails when she is in the bed. She also stated she did not have an order for Resident #3 to have bed rails, and there is no consent to use the bedrails.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mandarin Manor
1815 Orange Picker Road
Jacksonville, FL 32223

RE: CCR #2014003214

Dear Administrator:

This letter reports the findings of a state licensure 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 to verify that the necessary corrections are in place to correct the deficiency 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

MB/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com