STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964912	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Southpoint	6895 Belfort Oaks Place Jacksonville, FL 32216	
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial survey with Limited Nursing Services was conducted on on . Emeritus at Southpoint had Licensure deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, staff and family interview, and record review the facility failed to obtain a physician order and consent for the use of a physical for 1 of 18 sampled residents (Resident #18).

The findings include:

On at 10:18 AM an observation of Resident #18 bed revealed a half side rail on the bed in the up position. The bed was against the wall.

Record review for Resident #13 revealed there was not an order or a consent for the 1/2 side rail.

On at 2:25 PM an interview with the spouse of Resident #18 revealed, " That's our hospital bed, we brought it with us here. It has a side rail on it. The nurse here puts it up every night. "

On at 2:31 PM an interview with Employee H Resident Assistant ( ) revealed she notice's that Resident #18 uses the side rail every night. She said when she works night shift she notices that it is up. She said she has been here for a month. She said Resident #13 was the only resident she is aware of that has a rail on his bed.

On 6/11/2014 at 2:39 PM Employee G, stated, " I don't see an order for a side rail or consent for the side rail for (Resident #18).

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to ensure that prescriptions were filled or refilled in a timely manner for 3 of 10 sampled residents. (Residents # 15, 16 and 17)

The findings include:

1. A review of Resident # 15's 2014 medication observation record (MOR) on 6/11/2014 revealed that she

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was prescribed 5-325 milligram (mg) tablets, 1 tablet by mouth three times a day routinely. Documentation on the MOR indicated that this medication had not been provided between 5:00 p.m. on and 8:00 a.m. on . A review of the reverse side of the page revealed that the medication was not given because the pharmacy had not yet delivered it.

2. A review of Resident # 16's 2014 medication observation record (MOR) on revealed that he was prescribed 0.5 mg tablets, 1 tablet by mouth three times a day routinely. Documentation on the MOR indicated that this medication had not been provided between 6:00 a.m. on and 6:00 a.m. on . A review of the reverse side of the page revealed that the medication was not given because the pharmacy had not yet delivered it.

3. A review of Resident # 17's 2014 medication observation record (MOR) on revealed that she was prescribed 0.5 mg tablets, 1 tablet by mouth three times a day routinely. Documentation on the MOR indicated that this medication had not been provided between 8:00 a.m. on and 12:00 p.m. on . A review of the reverse side of the page revealed that the medication was not given because the pharmacy had not yet delivered it.

A interview with the administrator at approximately 3:30 p.m. revealed that she was unaware that the above-mentioned medications were unavailable to the residents.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review the facility failed to ensure a 3 day emergency food supply was available.

The findings include:

A review of the facilities 3 day Disaster Menu revealed for 75 residents, 1 and ½ cases of peanut butter was required, 2 and ¼ cases of jelly was required and 2 cases of powdered milk was required.

An inventory of the 3 day emergency supplies revealed a case of peanut butter has 6 jars, 5 pounds each. 4 jars of 5 pound peanut butter were available. One case of Jelly was observed and one case of powdered milk was observed.

On 6/1 at 1:30 PM an Interview with Employee I revealed " I haven't completed an audit of my emergency supplies " . She stated she didn't realize the peanut butter or powder milk was low. She said she started working at this facility in 2014.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to ensure a clean safe living environment for all residents.

The findings include:

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On at 2:50 pm an observation of Employee J, found he was passing ice to residents Observation of the ice chest revealed active black biological growth on the side of the ice chest. Further observation under the ice chest revealed a heavy growth of black biological material that Employee J swiped with his gloved finger and a thick amount of black debris was on his gloved finger. He removed his glove with the black debris. The top of the ice chest was dirty with dark grime like material in the grooves of the chest and had some spillage on the lid. Employee J stated, the ice chest was supposed to be cleaned every 2 weeks.

On at 2:58 PM an interview with Administrator revealed "that looks like yuk".

On at 3:11 PM Employee I stated nursing cleans the ice chests that they use pass the residents ice.

On at 3:12 PM an interview with the Administrator stated, " We do not have a cleaning schedule for cleaning the ice chest " . She stated that nursing is supposed to clean the ice-chest.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review, resident interview and staff interview, the facility failed to ensure that limited nursing services (LNS) were only provided as authorized by a physician's order and only by qualified staff for one of two sampled residents receiving LNS. (Resident # 7)

The findings include:

A interview with the administrator at approximately 9:00 a.m. revealed that there was one resident in the facility who was receiving LNS, Resident #1.

A interview with Employee E at 10:06 a.m. revealed that she was an unlicensed staff. Employee E explained that she assisted Resident #7 with changing her bag to a leg bag when she went out to appointments with her physicians.

A interview with Employee F at 10:30 a.m. revealed that she was an unlicensed staff. Employee F explained that she assisted Resident #7 with changing her bag to a leg bag when she went out to appointments with her physicians.

A interview with Resident # 7 at 1:36 p.m. confirmed that both Employee E and Employee F assisted her with changing her bag to a leg bag when she went out to appointments with her physicians. Resident # 7 stated that Employee F had just assisted her with this process on the morning of

A interview with the regional director of quality services at 11:49 a.m. revealed that 'Resident assistants are not allowed to change a resident's bag to a leg bag.'

During an interview with the administrator on at 12:12 p.m., the administrator confirmed that Resident # 7 was not receiving LNS. She stated that the staff were trained regarding what they could and couldn't ' do for the residents, but that sometimes they overstepped their boundaries. She went on to say that Resident # 7 was receiving home health care who was monitoring and caring for the as well as training Resident # 7 to care for it herself. The administrator acknowledged that when the resident had a doctor's appointment or was going out of the building and the home health nurse was not present, there was no one in the facility to assist Resident # 7

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with her leg bag. She acknowledged that the resident should be receiving LNS in order that the facility nursing staff could assist with the leg bag until Resident # 7 was able to do it for herself. The administrator acknowledged that under no circumstances were the Resident Assistants to change leg bags.

A review of the facility's LNS Log revealed that Resident # 7 was not receiving LNS.

A review of Resident # 7's clinical record confirmed that she was not receiving LNS. Resident # 7's health assessment dated and signed by the physician on indicated a need for care. Diagnoses included retention, and recurrent . A physician's order written on was observed indicating a need for home health care to evaluate Resident # 7 related to care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Southpoint
6895 Belfort Oaks Place
Jacksonville, FL 32216

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 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 904/798-4201.

Sincerely,

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

LW/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