STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964687	08/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elmcroft	7620 Timberlin Park Boulevard 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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

An abbreviated biennial survey was conducted on at Elmcroft of Timberlin Parc. Deficient practices were identified during the survey.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on observation, and interview, and record review, the assisted living facility failed to ensure that staff providing services are qualified to perform their assigned duties. Specifically, direct service staff member A was observed taking vital signs of 2 out of 3 sample residents. (Residents # 9 and 10.)

The findings include:

On at approximately 8:50 am Staff A was observed performing vitals reading) on Resident # 9 during medication pass.

On at approximately 09:20 am Staff A was observed performing vitals reading) on Resident # 10 during med pass.

On a review of Staff A's job description revealed that she was hired as a certified assistance (CNA)/resident assistance/medication technician. Further review revealed that Staff A is not a certified CNA, therefore was performing duties outside of the scope of her certification.

In addition, there was no Florida State Certified Nursing Certificate/License located the State Health Finders Directory for Staff A.

On at 01:50 p.m., an interview was conducted with the assistant living facility executive director. The administrator stated that Staff A is classified as a resident assistance and should not have been performing monitoring.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, and interview the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in F. S. 429.256. The facility failed to ensure the label was read in the presence of 3 out of 3 sampled residents. (Resident #9, Resident #10 and Resident #11) residents.

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The findings include:

On ... at 8:50 a.m. Staff A greeted Resident # 9. Staff A then presented Resident #9 with her medication in a cup. On observation Staff A failed to read the labels of the medication prior to Resident #9 taking her meds.

On ... at 8:58 a.m. Staff A greeted Resident #10. Staff A then presented Resident #10 with her medication in a cup. On observation Staff A failed to read the labels of the medication prior to Resident #10 taking her meds.

On ... at 09:20 a.m. Staff A greeted Resident # 11 as she set at the dining table. On observation, Staff A presented Resident # 11 her meds in a cup. On observation, Staff A failed to read the labels of the medication prior to Resident #11 taking her meds.

On ... during an interview with Staff A she stated that she was not aware that she should be verbally reading the medication labels to the residents and identifying medication during med pass.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on employee record review and staff interview the facility failed to provide ... Training ... for one of three sampled employees (Employee B).

The findings include:

A review of the employee file for Employee B (Date of Hire: ... did not show documentation for ... training.

An interview was conducted with the Executive Director at 1:30 PM on ... and she confirmed the training was not in the file.

Class III

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

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees (staff A) obtained level 2 background screening prior to providing personal care/ personal services directly to the residents . According to FS (section 408.809(5) (2013-2015) it provided a staggered rescreening schedule for AHCA regulated providers over a 3-year period to ensure that all staff hired on or prior to ...004 obtain a level 2 background screening by ...

The findings include:

On ... a record review of Staff A file revealed no level two background screening was completed.

On ... record review revealed that Staff A was hired ...2004. This screening expired and the facility failed to ensure that Staff A obtained a level 2 background screening by ... 2013.

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On at 2:38 pm an interview was conducted with the assistant living facility Administrator. She stated that she was not aware that Staff A was out of compliance. She also stated that the staff has been scheduled to complete a level 2 background screening on .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elmcroft of Timberlin Parc
7620 Timberlin Park Boulevard
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state licensure abbreviated 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 .

Sincerely,

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

RS/JM/sm
Enclosure

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