STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heritage Crossings	2689 Art Museum Dr Jacksonville, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-(
0057-Medication - Over The Counter (otc) Products-(

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to a complaint survey, CCR# 2014003216, was conducted at Heritage Crossings in Jacksonville, Florida on . 2014. Both uncorrected and new deficiencies were identified as a result of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to assist residents with self-administered medications in accordance with procedures described in section 429.256, F. S. for 4 of 4 sampled residents observed during assistance with self-administration of medication. (Residents #5, #14, #15 and #16)

The findings include:

An observation of the medication pass process on . beginning at 8:44 a.m. revealed that Employee C did not identify medications to each and every resident as she was providing them. Instead, Employee C presented a cup of medications to each resident and stated either "Here are your pills.", or said nothing at all to the residents.

An interview with Employee C at approximately 9:35 a.m. on revealed that she was "nervous" and had not explained the medications to the residents for that reason. She stated that she knew she was supposed to do that.

This was previously cited during the . complaint survey.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to ensure that the Medication Observation Record (MOR) was updated immediately each time a medication was offered or administered for 9 of 15 sampled residents. (Residents #1, #14, #17, #18, #19, #20, #21, #22, and #25)

The findings include:

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A observation of the 2014 MORs for both medication carts #1 and #2 at approximately 10:00 a.m. revealed that Resident #17's 600 mg (milligrams) orally (PO) every 12 hours (q12h) was not signed off at 9:00 p.m. on Resident #18's 9:00 a.m. Septra DS liquid twice daily x 7 days was not signed off on Resident #14's 50 micrograms (mcg) nasal spray, 1 spray in each nostril at 9:00 a.m. and 5:00 p.m. was not signed off for the 9:00 a.m. dose on Resident #19's 5 mg 1 tab at 9:00 a.m. and 5:00 p.m. was not signed off for the 9:00 a.m. dose. Resident #20's glucose test) ordered before breakfast and at bedtime was not signed off for the test time at 9:00 p.m. Resident #21's cream 1% apply to right leg at 6:00 a.m. and 9:00 p.m. was not signed off for the 6:00 a.m. dose. (Photographic evidence obtained)

A second review of the 2014 MOR at 10:00 a.m. revealed that Resident #25 had 0.1%, apply thin film to affected areas twice daily at 9:00 a.m. and 5:00 p.m. This was not signed off at 9:00 a.m. on She also had 0.5% eye drops, 1 drop in both eyes at 9:00 a.m. and 5:00 p.m. The 9:00 a.m. dose for was not signed off. A 10:32 a.m. an interview with Employee C revealed that she gave both medications at 7:30 a.m., but did not sign for them. She signed the MOR for those meds at 10:00 a.m.

A review of the 2014 MORs at 10:55 a.m. revealed that Resident #1's 9:00 p.m. dose of was not signed off on Resident #14's 5:00 p.m. dose of 3.25 mg 1 tab was not signed off on and Resident #22's 1:00 p.m. dose of 25 mg 1 tab three times daily was not signed off on (Photographic evidence obtained)

An interview with Employee A on at approximately 11:15 a.m. confirmed that the MORs were not current. Employee C acknowledged that the MOR should have been initialed at the time the medications were offered/given.

This was previously cited during the complaint survey.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and staff interview, the facility failed to refill prescribed medication in a timely manner for 3 of 15 sampled residents. (Residents #18, #23, and #24)

The findings include;

On at approximately 10:30 a.m., a review of Resident #23's Medication Observation Record (MOR) Addendum Notes revealed that the medication, 0.4 mg (milligrams) was not provided on or because it was "not available". A review of the 2014 MOR had documentation referring to the MOR Addendum Notes, and the MOR itself appeared to have been whited out then initialed over. (Photographic evidence obtained)
On at approximately 10:30 a.m., a review of Resident #24's MOR Addendum Notes revealed that the medication, 3 mg was not provided on or because it was "not available". A review of the 2014 MOR revealed that those two dates had been left blank.(Photographic evidence obtained)

On at approximately 10:30 a.m., a review of Resident #18's MOR Addendum Notes revealed that the medication, 50 mg was not provided on or because it was "not available". A review of the 2014 MOR revealed that it appeared to have been whited out on those dates. (Photographic evidence

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obtained)

During a interview with the administrator at approximately 11:15 a.m., she acknowledged that the medication had not been provided because it was "not available", and stated that she would follow up on the matter.

This was previously cited during the complaint survey.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observation, interview and record review, the facility Administrator failed to supervise the operation and maintenance of the facility including management of staff and provision of care to residents. This is evidenced by Administration's failure to correct deficient practices cited in the most recent complaint survey, CCR# 2014003216, conducted by representatives of this office on , 2014.

The findings include:

A complaint survey, CCR# 2014003216, was conducted by representatives of this office on , and deficient practice was identified at A0052, A0054 and A0056.

During the complaint revisit on at 8:20 a.m., it was determined that corrections had not been made. Interviews conducted with the facility administrator between 9:30 a.m. and 11:30 a.m. confirmed that the findings had still not been corrected.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heritage Crossings
2689 Art Museum Dr
Jacksonville, FL 32207

Re: CCR #2014003216

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

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

JG/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