STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Of Jacksonville	4870 Belfort Rd Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0152-Physical Plant - Safe Living
E203-Ecc - Staffing Requirement
E204-Ecc - Admissions & Continued Residency-

Revisit Repeat Tags:
0000-Initial Comments-
0029-Resident Care - Nursing Services-58a-5.0182(5) Fac

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to the biennial re-licensure survey with Extended Congregate Care (ECC) standards was conducted at Sunrise of Jacksonville, in Jacksonville, Florida on 2014. Uncorrected deficiencies were identified as a result of the survey.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on staff interview, the facility failed to ensure that a nurse or certified nursing asistant (CNA), under the supervision of a nurse completed the taking of vital signs for 1 of 1 sampled residents reviewed during the medication pass process. (Resident #3)

The findings include:

During the biennial re-licensure survey conducted on , a review of the clinical record for Resident #3 revealed that a physician's order dated read as follows: 125 mcg tablets, give 1 tablet by mouth once daily for (Atrial Hold if pulse is less than 60. (Photographic evidence obtained)

An interview with Employee B on at approximately 10:30 a.m. confirmed that she was not a licensed nurse nor a certified nursing assistant. Employee B clarified that she was a caregiver with medication training.

During the revisit to the biennial re-licensure survey on , an interview with the administrator at 11:42 a.m. revealed that the change to the facility's practice regarding unlicensed staff taking residents' vital signs prior to making decisions regarding whether or not to provide medication was conveyed to the staff verbally. The administrator was unable to provide any documentation of staff in-services or training related to this change.

An interview with Employee B (unlicensed caregiver) at 12:40 p.m. revealed that "As of today I was notified that for the parameters for the medications needing the vital signs, that nursing was to do that. (Health and Wellness Director (HWD) talked to me today about that. (HWD) said that each time we come to a resident who has that kind of a need, we were supposed to call the nurse. Up until today I have continued to take the vital signs. Usually I take them, but as of today, that has changed. I was instructed by (HWD) today not to do vitals anymore. I let my Certified Nursing Assistant (CNA) license lapse about a year ago, but I think I am going to work on getting it back."

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An interview with the Wellness Nurse (Licensed Practical Nurse (LPN) at 12:46 p.m. on . . . . . revealed that the HWD spoke with him today, . about obtaining vital signs with regard to medication parameters. "(HWD) said to make sure I am aware of the parameters for medications, and if they need vital signs that nursing is to obtain the vital signs, not the care managers. (unlicensed caregivers) I work by myself on the 3rd floor, and so I do all of my medications and vitals myself. Whenever I work I am working alone as the person who administers the medications. Up until today the care managers were obtaining their own vital signs."

An interview with the Health and Wellness Director (HWD) at 12:50 p.m. on . . . . . revealed that she spoke with both the Wellness Nurse and Employee B today regarding obtaining vital signs prior to administration of medication. She stated that she would make sure that the Medication Observation Records (MORs) were accurate, and that nursing was obtaining the vital signs. She confirmed that up until today, , the unlicensed caregivers were completing the vital signs. She stated that through attrition, as unlicensed staff left the facility, her plan was to replace them with LPNs for medication administration.

This was previously cited during the . biennial re-licensure survey.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on staff interview, 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 biennial re-licensure survey conducted by representatives of this office on . 2014.

The findings include:

A biennial re-licensure survey with Extended Congregate Care (ECC) standards was conducted by representatives of this office on , and deficient practice was identified at A0029.

During the revisit on . . . . . at 11:30 a.m., it was determined that corrections had not been made. Interviews conducted with the direct-care staff, and the health and wellness director between 11:30 a.m. and 1:00 p.m. confirmed that the . findings had still not been corrected.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunrise Of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

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,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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