

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Noble Gardens Of Jacksonville, Fl	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
 St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
 St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
 St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
 St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
 St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey with Limited Mental Health and Limited Nursing Services was conducted on
 Noble Gardens of Jacksonville had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and staff interview, the facility failed to ensure that the Resident Health Assessment was complete for 2 of 2 sampled residents. (Residents #3 and #4)

The findings include:

A review of the Resident Health Assessment for Resident #3, which was signed and dated by the Advanced Registered Nurse Practitioner (ARNP) on revealed that page 2, section B did not indicate a diet order. The section was blank. (photographic evidence obtained)

A review of the Resident Health Assessment for Resident #4, which was signed and dated by the physician on revealed that page 2, section A did not indicate Resident #4's transfer ability. This was left blank. (photographic evidence obtained)

An interview with the administrator at approximately 3:30 p.m. on revealed that she was unaware that Resident #3's and Resident #4's health assessments were blank.

Class III

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, #6, #7 and #8)

The findings include:

An observation of the medication pass process on beginning at 12:18 p.m. revealed that Employee C did not read the medication labels to Residents #5, #6, #7 and #8, 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.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Noble Gardens Of Jacksonville, FL	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During provision of medication to Resident #5 at 12:40 p.m., Employee C measured 5 mL (milliliters) of _____ into a plastic medication cup. She presented the cup to the surveyor for verification. After reviewing the label on the medication bottle, the surveyor asked Employee C to check the instructions on the medication label which read, _____ 250 mg (milligrams) per 5 mL, give 10 mL (milliliters) (500 mg) three times daily for _____. Employee C stated, "Oh, I've been looking at that.", indicating the number of mg per mL (250 mg per 5 mL). Employee C then checked the medication label against the Medication Observation Record (MOR) and against the physician's order. She then provided the correct dose to Resident #5 (Photographic evidence obtained)

An interview with Employee C at approximately 12:45 a.m. on 9/16/2014 confirmed that she was aware she was supposed to read the medication labels to the residents.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure that annual documentation of freedom from _____ was available for review for 1 of 3 sampled employees. (Employee B)

The findings include:

A review of the personnel file for Employee B on _____ revealed that there was no current documentation of _____ screening for Employee B, who was hired on _____. The most recent _____ screening test was completed on _____, indicating that she was more than 4 months overdue for testing.

An interview with the administrator at approximately 3:30 p.m. revealed that she was unaware that Employee B did not have current documentation of freedom from _____ in her employee file.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for 2 (Employees B and C) of 3 sampled employees.

The findings include:

A review of the employee personnel files on _____ revealed that there was no documentation of completion of training related to _____ control, safe food handling, or resident rights for either Employee B (Date of Hire _____) or Employee C (Date of Hire _____). Training related to activities of daily living (ADLs) and behavioral needs had only been provided for 1 hour for both Employees B and C, not the required 3 hours. Also, Employee B had no training related to _____ neglect and _____ available for review in her file.

An interview with the administrator on _____ at approximately 3:30 p.m. revealed that she was unaware that the above-mentioned training was missing from the employee files. She stated that she would review the employee files and ensure that all required training was completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Noble Gardens Of Jacksonville, FL	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0082-Training - 58A-5.0191(3) FAC

Based on record review and staff interview, the facility failed to ensure that all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on _____ and _____ for 1 (Employee A) of 3 sampled employees.

The findings include:

A review of the employee personnel files on _____ revealed that there was no documentation of completion of training related to _____ for Employee A (Administrator) who was hired on _____.

An interview with Employee A on _____ at approximately 3:30 p.m. revealed that she was unaware that she was required to obtain training related to _____ and _____.

Class III

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

Based on record review and staff interview, the facility failed to ensure that direct-care staff received at least one hour of training in the facility's policies and procedures regarding _____ within 30 days of employment for 2 of 3 sampled employees. (Employees B and C)

The findings include:

A review of the personnel files for Employees B (Date of Hire _____) and C (Date of Hire _____) on _____ revealed that none contained documentation of in-service training related to the facility's policies and procedures regarding _____.

An interview with the administrator on _____ at approximately 3:30 p.m. confirmed that no in-service training related to _____ was provided to Employees B and C.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, interview and record review the facility failed to follow the menu and update the menu substitution log, and failed to have a 3 day supply of emergency food.

The findings include:

1) On _____ an observation of the lunch meal posted on the dry erase board recorded sweet and sour meatballs, mashed potatoes, mixed vegetables and rolls.

On _____ at 11:55 AM an observation of the Employee D plating food at the lunch meal revealed ground beef patty, scalloped potatoes, baked beans, dinner roll and a slice of cake.

Record review of the week 4 menu on Tuesday at the lunch meal revealed hamburger beef patty with _____, 2 slices

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Noble Gardens Of Jacksonville, FL	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

of tomato and 2 lettuce leaves, baked beans, diet canned fruit or fresh fruit.

On at 12:25 PM an interview with Employee D revealed, she stated we are on week 4 of the 4 weeks menu. She stated she was serving hamburgers, scalloped potatoes and baked beans. She said she didn't have the buns so she substituted the potatoes with it. She said she did not have any fresh fruit so she substituted it with cake. She said she did not serve the lettuce and tomato because she didn't have a She confirmed she did not write down the substitutions.

On at 1:28 PM an interview with Employee A revealed, she said the cook should have served the meal according to the menu. She said the cook should also record on the substitution log when she substitutes a meal.

3) On an observation of the 3 day emergency food supply revealed there were 4 cans of 18.8 ounce (oz.) cheddar with bacon bits soup, 5 cans of 24 oz. beef stew, 5 of 1 pound cans chicken and dumplings, 2 of 19 oz. cans of chicken noodle soup, 9 cans of 15 oz. ravioli, 2 cans of 12 oz. roast beef and gravy, one 15 oz. can of spaghetti with meatballs, one 4 pack box of corned beef hash (4 pounds), 4 cans of 12 oz. baked ham, 1 can 12 oz. corned beef, 4 cans of 16 oz. cooked ham. 1 case of bottled water 16 oz. each, 1 case of 18 Vienna sausage 4.75 oz. cans, 1 case of Ramon noodles (36 pack), 11 5 gallon jugs of water, plus there were 5 jugs of water that had been covered with saran wrap and dated with a marker and one 4 pound dry powder milk.

On at an interview with Employee D stated, there is not any fruit or vegetables for the 3 day emergency storage. She confirmed there was no dry cereal, canned vegetables, canned fruit, peanut butter, saltines, dry instant potatoes or cookies.

Record review of the facility 7 day emergency menu plan revealed hot or dry cereal with breakfast, peanut butter crackers and jelly, canned fruit, lunch meal revealed cheese slices, tuna salad, sloppy Joe meat, chicken salad, saltine crackers, mixed vegetables, fruit, three bean salad, carrots, and dinner menu with pickled beets, sweet potatoes, salmon salad, pork and beans, macaroni salad, green beans, apples, pineapple chunks and pudding and cookies for dessert.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on employee record review and staff interview the facility failed to ensure that the Administrator and Employee B had references listed on their employment applications. The facility also failed ensure that a job description was on file for 1 of 3 sampled employees. (Employee C)

The findings include:

An employee record review was conducted for the Administrator and Employee B during the survey on
No references were found on their employment applications.

An employee record review was conducted for Employee C during the survey on No job description was found in her personnel record.

During an interview with the Administrator on at approximately 3:30 p.m. she stated that she was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/16/2014
NAME OF PROVIDER OR SUPPLIER Noble Gardens Of Jacksonville, Fl	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 Wiley Rd Jacksonville, FL 32210	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

unaware that Employee B's and her own application had no references listed on them. She was also unaware that Employee C had no job description.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on employee record review and staff interview the facility failed to ensure that 1 of 4 sampled employees (Employee D) had the required 6 hour training in Limited Mental Health (LMH).

The findings include:

An employee record review was conducted for Employee D during the survey on Her date of hire was noted as There was no proof of the required 6 hours of initial Limited Mental Health training in her file.

During an interview with the Administrator on at approximately 3:30 p.m., she stated that she was unaware that Employee D had not received the required LMH training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Noble Gardens Of Jacksonville
7024 Wiley Road
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state licensure change of ownership with Limited Mental Health and 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

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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida