STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	10/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ingleside Retirement Home	1433 Ingleside Ave Jacksonville, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels 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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - L240 - 58a-5.029(1) Fac - Lmh - Licensing S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR#2014008687, was conducted at Ingleside Retirement Home in Jacksonville, Florida on , 2014. Deficiencies were identified as a result of the survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observation, record review and interviews, the facility failed to ensure there was a Manager appointed in writing, during the extended absence of the Administrator and for the Administrator of more than 1 Assisted Living Facility. This potentially all 15 residents who lived in the facility.

The findings include:

During a complaint investigation on the survey team entered the facility at 9:00 a.m., and requested the administrator. Employee B met the surveyors in the front entryway, and explained that she was the facility's manager. She stated that the administrator was not in the facility. After Employee B called the administrator at approximately 9:10 a.m., she handed the surveyor the phone. The administrator was asked whether she was in the vicinity and able to come to the facility for the survey. The administrator replied that she currently was not available for the survey, but she confirmed that she did reside in Jacksonville. She stated that she owned several homes in several states, and though she traveled, she spent most of the year in Jacksonville, Florida. When she was asked whether she was in Jacksonville today, the administrator stated that she was in North Carolina. She confirmed that a manager was on the premises, and identified Employee B as the manager.

A review of the Florida Health Finder website revealed that the Administrator listed on the website for the facility, was also listed as the Administrator for a second Assisted Living Facility.

A interview with a visiting case worker at approximately 9:30 a.m. revealed that she had never seen the administrator during her visits with Resident #1 in the facility. She stated that the administrator lived in "one of the Carolinas".

A interview with Resident #4 at 12:17 p.m. revealed that "The administrator lives in the Carolinas; either North or South, I don ' t remember. We all have her phone number in case we have a complaint, and she comes around every three to four months or so."

A interview with Employee A at 11:13 a.m. confirmed that Employee B was the facility manager. She stated she saw the owner/administrator "last Thursday", and one other time "in early "I have not seen her any other time. I have not seen or spoken to her since then."

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A interview with Employee B at 9:35 a.m. confirmed that there was nothing in writing appointing her as the facility's manager. Employee B stated that she was appointed as the manager on

A review of Employee B's personnel file revealed nothing in writing appointing Employee B as the facility's manager. A job description for a cook/housekeeper was observed in the file. An employment contract dated was signed by Employee B and the previous manager. When asked for the previous manager's personnel file, Employee B stated that the previous manager had removed it from the facility. Employee B clarified that she had been working in the facility prior to being named as the manager. When asked whether she had completed Core training, Employee B stated that she was currently taking her Core training through online courses.

A tour of the facility at approximately 9:15 a.m. revealed nothing posted in writing indicating that Employee B was the facility's manager.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that newly hired staff submitted a statement from a healthcare provider, that the individual did not have any signs or symptoms of a communicable including for 1 (Employee A) of 3 sampled employees. The facility also failed to ensure that freedom from was documented annually for 1 (Employee C) of 3 sampled employees.

The findings include:

A review of the employee personnel file for Employee C revealed that her date of hire was and her most recent test was dated It was more than one month overdue for renewal.

A review of the personnel file for Employee A revealed that her date of hire was There was no statement from a health care provider in her personnel file indicating that she was free from communicable including

During an interview with Employee A on at 11:13 a.m., she confirmed that she did not have the results of her test or a freedom from communicable statement in her file.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation, record review and staff interview, the facility failed to maintain the minimum staffing required for a census of 15 residents.

The findings include:

During the investigation of complaint survey CCR#2014008687 on at 9:00 a.m., one employee was observed in the facility; Employee B. Fourteen residents were also observed. Employee B confirmed that there were 15 residents living in the facility. She stated that one resident was out at a day program. She confirmed that

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she was the only employee in the facility, but that she was expecting Employee A at approximately 10:00 a.m. Employee A arrived at 11:10 a.m.

A review of the admission and discharge log revealed that there were currently 15 residents living in the facility. The resident census remained at 15 from through

A review of the employee work schedule from through revealed that the scheduled staffing hours were consistently below the minimum requirement of 212 hours weekly. Random observations of one week from each month revealed the following:

- = 167 hours scheduled
- = 180 hours scheduled
- = 169 hours scheduled

A interview with Employee B at approximately 2:30 p.m. revealed that she was unaware that staffing did not meet the minimum standard.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview the facility failed to provide the required training for Elopement Response, Emergency Preparedness and Evacuation, Incident Reporting, Resident Rights, and Recognizing/ Reporting , Neglect and for 1 of 3 sampled employees. (Employee A)

The Findings Include:

A review of the personnel file for Employee A revealed no documentation of Elopement Response Training, Emergency Preparedness and Evacuation Training, Incident Report Training, Resident Rights Training or Recognizing/ Reporting , Neglect and Employee A was hired on

During an interview on at 11:35 a.m. with Employee A, she confirmed that she had not completed the elopement training. She said that she had completed the other training, but she could not produce it for review.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and staff interview the facility failed to ensure that all facility employees completed a one-time education course on
for 1 of 3 sampled employees. (Employee A)

The findings include:

A review of the personnel file for Employee A revealed no documentation of training. Employee A was hired on

During an interview with Employee A on at 11:13 a.m., she confirmed that she did not have the required training in her file.

Class III

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0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview, the facility failed to ensure that the administrator, or person designated by the administrator as responsible for the facility's food service, and the day-to-day supervision of food service staff obtained at least two (2) hours of continuing education in the topics pertinent to nutrition and food service in an assisted living facility (ALF) annually.

The findings include:

A interview with Employee B at 11:03 a.m. revealed that no employee working in the facility had been appointed as the food service supervisor.

A interview with Employee A at 11:13 a.m. revealed that no employee working in the facility had been appointed as the food service supervisor.

A review of the personnel file for Employee A revealed that she was hired on and her file contained one hour of food service training dated . There was no further food service training in her file.

A review of the personnel file for Employee B revealed that she was hired on . A food Sanitation Certificate dated was in her file. No further food service training was available for review.

A review of the personnel file for the administrator revealed that she was hired on and had completed Food Safety Manager training on . There was no further training related to food service or food preparation in her file.

Class III

L240-LMH - Licensing 58A-5.029(1) FAC
Based on observation, record review and interviews, the facility failed to ensure that three or more Limited Mental Health (LMH) residents were not admitted prior to obtaining a LMH license for three sampled residents. (Residents #1, #2 and #3)

The findings include:

During a tour of the facility on at approximately 9:30 a.m., an individual who introduced herself as a case worker for Resident #1 was observed visiting with Resident #1 on the patio adjacent to the facility. The facility license which was posted adjacent to the kitchen was a standard license. No Limited Mental Health standard was noted.

During a interview with the administrator at 11:35 a.m., she confirmed that the facility had a current Limited Mental Health license. She stated that there had been a mix up with the license, which was why the facility's posted license did not list LMH standards. She stated that she should have received her specialty license and was not certain why she had not.

During a interview with Employee A at 12:00 p.m., she stated that Resident #2 went out to Community Rehabilitation Center (CRC) day program for math and group outings. "He does have a case manager who works at CRC." Employee A stated that he was the only resident that went out to a day program. She stated that

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Residents #1, #3, and another unsampled resident also had case managers. She also stated that Resident #2 was the only resident who was currently receiving a Social Security Optional State Supplement.

During a interview with Employees A and B at approximately 2:00 p.m., three residents were identified as receiving Limited Mental Health Services; Residents #1, #2 and #3. Employees A and B indicated that the 4th unsampled resident was being evaluated, and was expected to "go on LMH soon."

A review of the facility admission and discharge log revealed that three residents were identified as LMH residents; Residents #2, #3 and an unsampled resident.

A review of the clinical record for Resident #1 revealed a current health assessment with the following diagnoses listed: mood , speech problem, nute." Resident #1's demographic page listed a case manager. A Agreement for Assisted Living Facilities and Mental Health Providers, and an Annual Community Living Support Plan were observed.

A review of the clinical record for Resident #2 revealed a Agreement for Assisted Living Facilities and Mental Health Providers, and an Annual Community Living Support Plan.

A review of the clinical record for Resident #3 revealed a current health assessment which included the following primary diagnosis: Resident #3's demographic page listed a case manager from MHRC (Mental Health Resource Center) in Jacksonville, Florida.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

RE: CCR #2014008687

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2014 by a representative 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 surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, CIDP
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