STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964349	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arlington Haven	6320 Arlington Road Jacksonville, FL 32211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on , 2014. Arlington Haven had licensure deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview the facility failed to ensure medication was given according to manufacturer directions; the facility failed to use an accurate measuring device for liquid medication suspension for 1 of 2 medication observations (Resident #9).

On at 11:42 AM an observation of the administrator during medication pass for Resident #9 revealed he used a metal spoon and poured 2 teaspoons of Carafe suspension medication 1gram/milliliter (ml) without shaking the bottle as directed. He then poured each teaspoon into a plastic medication cup that was not calibrated. He gave the medication to the resident.

On at 11:44 AM an interview with the administrator confirmed he did not shake the bottle of Carafe suspension.

On at 12:00 PM Employee B used the metal spoon and poured 2 teaspoons of water into a plastic non- calibrated medication cup. She then used a calibrated medication spoon for children and measured the amounts of water she poured. The amount was 1/3 above the 10 ml calibration, approximately 3 ml more than the prescribed dosage. Employee B said she will call pharmacy to get a calibrated measuring spoon or cup to use from now on.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that employees receive initial and continuing education in Limited Mental Health for four of four employees reviewed (1, 2, 3, and 4).

The findings include:

A review of four of four employee files reviewed Employee #1 Date of hire: ; Employee #2 Date of hire: Employee #3 Date of hire: and Employee #4 Date of hire found no documentation of mental health training for initial and continuing education. In an interview with the administrator on , 2014, at 1:00 pm he revealed that he could not find anyone to provide the required training. The administrator was provided with the current information for the provider who completes the mental health training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arlington Haven
6320 Arlington Road
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state biennial licensure survey 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

JPL/JM/sm
Enclosure

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