STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966826	10/17/2014
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

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

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview the facility failed to ensure proper hand hygiene consistent with recognized community standards during dining observation.

The findings include:

On at 12:15 PM an observation of Employee A revealed she assisted a wandering resident in the dining holding onto the wandering residents left side to assist her away from the dining area. Employee A did not wash or re-sanitize her hands. She then served another resident her meal.

On at 12:16 PM an interview with Employee A revealed, she stated that she forgot to sanitize her hands.

On at 12:20 PM an observation of Employee E revealed she served a resident her meal and picked up the roll with her hands and cut it open, she placed butter on it and then pressed it together with both bare hands.

On at 12:25 PM An interview with Employee E stated " I sanitized my hands already". Then she said she should not have touched the bread with her hands. She stated I'm sorry.

On at 1:55 PM An interview with the Administrator stated the staff are taught to wash their hands after assisting with personal care, like toileting a resident. She said the staff aren't taught in the dining they touch a resident to re-sanitize their hands. She said they can not handle the food with their bare hands; the kitchen serves the food with gloves. She said they do not touch the food with their hands.

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 3 of 3 sampled residents observed during assistance with self-administration of medication.

The findings include:

On at 9:15 AM an observation of the medication pass revealed Employee D prepare medications for 3 residents. For Resident #10 Employee D told the client that the medications were Resident #10 received 14 medications for fungal medication, or memory medication,

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sugar medication, anti-depressant medication, joint health medication, prevention medication, anti-s medication and medication to prevent muscle spasm. Employee D gave Resident #11 her medication and explained he was giving her pill for her , her and her . Resident #11 received 8 medications, one of which was for and another for . Employee D gave Resident #9 her medication and stated this is for , probiotic, and your , and fish oil for your . Resident #9 also receives medication for bone health, pain, and .

On at 1:00 PM an interview with Employee D stated he tries to remember the medications, but some get a lot of pills.

On at 2:00 PM an interview with the administrator said Employee D just got nervous.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heritage Crossings
2689 Art Museum Dr
Jacksonville, FL 32207

Dear Administrator:

This letter reports the findings of a state biennial licensure 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 **11/23/2014** 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, P
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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