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)		

Revisit Corrected Tags:
0054-Medication - Records-10/17/2014
0056-Medication - Labeling And Orders-10/17/2014
0077-Staffing Standards - Administrators-10/17/2014

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Revisit New Tags:
0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033(3)(a) Fac

Specific Tag Findings:

0000-Initial Comments
A second revisit to a complaint survey, CCR #2014003216, was conducted at Heritage Crossings in Jacksonville, Florida on 2, 2014. One uncorrected deficiency was identified as a result of the survey.

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, 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 received 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. He confirmed he did not tell Resident #9, #10 and #11 all of the medications he was giving them during the medication pass observation.

On at 2:00 PM an interview with the administrator said Employee D just got nervous. Confirmed lables were not read in the presence of resident.

Class III

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033(3)(a) FAC
Based on observation, record review and interview, the facility failed to correct deficient practice relating to assistance with self-administration with medication. The facility was cited at A0052 on &

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

The facility was cited at A0052, class III, during a complaint visit (CCR# 2014003216) on . A revisit was conducted on and on that date A0052 was recited at a class III. A second follow up was conducted on . A0052 was recited at a class III, during the second follow up visit.
On , the facility was cited at A0052 for failing to read the medication label in the presence of the resident, failing to dispense medications from their properly labeled container and failure to have a licensed staff assist with as needed medications. On , the facility was cited at A0052 for failing to read the medication label in the presence of the resident. Lastly, on , the facility was cited at A0052 for failing to read the medication label in the presence of the resident.

Any assisted living facility which the agency has documented uncorrected class III deficiencies relating to medication administration, is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse. A corrective action plan must be developed and implemented by the facility within 48 hours. After developing and implementing a corrective action plan in compliance with Florida Statute Section 429.42(2), the initial on-site consultant visit must take place within 14 working days. The facility must have available for review by the agency, a copy of the consultant ' s license and the consultant ' s signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility must provide the agency with monthly on-site corrective action plan updates until the agency determines, after written notification by the consultant and facility administrator that deficiencies are corrected and staff have been trained to ensure proper medications standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Class III

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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

Re: CCR #2014003216

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/or new deficiencies identified during the revisit.

Please note that due to the uncorrected deficiencies related to medication, the facility has now been cited at A0058. This requires the facility to employe the consultant services of a licensed pharmacist or a licensed registered nurse. A corrective action plan must be developed and implemented by the facility within 48 hours. After developing and implementing a corrective action plan in compliance with Florida Statute Section 429.42(2), the initial on-site consultant visit must take place within 14 working days. The facility must have available for review by the agency, a copy of the consultant's license and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility must provide the agency with monthly on-site corrective action plan updates until the agency determines, after written notification by the consultant and facility administrator that deficiencies are corrected and staff have been trained to ensure proper medications standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

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.

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