STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	10/06/2014
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint investigation (CCR#2014009867) was conducted on Ingleside Retirement home from . Deficiencies were found at the time of the survey.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the assisted living facility failed to provide an adverse incident report within 1 business day after the elopement of 1 of 3 (Resident #1) sampled residents.

The findings Include:

1) On , 2014 at 03:00p.m. an interview was conducted with the assisted living facility manager. The Manager stated Resident # 1 left the facility without their knowledge on . The Manager stated she attempted to report Resident #1 as missing to the local law enforcement on . but was told they needed to wait 24 hours. The Manager reported that law enforcement was called again on at this time a missing person report was taken. The Manager admitted that she was not aware that the Agency for Health Care Administration (AHCA) required an adverse incident report to be submitted.

2) On , 2014 at approximately 10:30 a.m. An interview was conducted with the assisted living facility administrator. When asked if the assisted living facility submitted a 1-day incident report regarding the elopement of Resident # 1, the administrator admitted that it was her fault for failing to inform her staff to submit an adverse incident report.

3) On , 2014 a record review of Resident #1 file revealed no adverse incident report was documented by the assisted living facility.

4) A search of Versa Regulation System on . (Agency for Health Care Administration web reporting system) revealed no related adverse incident was submitted on Resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

RE: CCR #2014009867

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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure

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