STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	12/18/2014
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
An unannounced revisit to complaint survey, CCR#2014009867, was conducted at Ingleside Retirement Home in Jacksonville, Florida on 2014. Uncorrected deficiencies were identified as a result of the survey.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and staff interview, the facility failed to file an adverse incident report with the Agency for Health Care Administration (AHCA) within one (1) business day following the elopement of 1 of 3 sampled residents. (Resident #1)

The findings include:

During a complaint survey conducted by a representative of this office on an interview was conducted with the facility manager at approximately 3:00 p.m. The manager admitted at that time that she was unaware that AHCA required an adverse incident report be filed after the elopement of a resident under her care.

On at approximately 10:30 a.m., a representative of this office conducted an interview with the facility's Owner/Administrator. At that time, the Owner/Administrator admitted that it was her fault for failing to inform her staff to submit an adverse incident report to AHCA.

During the complaint revisit on an interview was conducted with the facility manager at approximately 12:10 p.m. When asked whether an incident report had been filed related to Resident #1's elopement on , the manager stated that a report had not been filed, because Resident #1 had been discharged.

A search of the Versa Regulation System (AHCA web reporting system) revealed that no related adverse incident report had been submitted for Resident #1.

A review of the admission and discharge log revealed that Resident #1 was discharged on

An interview with the facility manager on at 2:49 p.m. revealed that the facility had no computer access to file an incident report which was why a report was never filed for Resident #1. The manager stated that the administrator was currently trying to set up an account with AHCA in order to file incident reports.

A0165 was previously cited during the 10/3 complaint survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

Re: CCR #2014009867

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 new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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 (904) 798-4201.

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosures

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