STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Of Jacksonville	4870 Belfort Rd Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E205 - 58a-5.030(6) Fac - Ecc - Health Assessment S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Sunrise of Jacksonville in Jacksonville, Florida on . 2015. Deficiencies were identified as a result of the survey.

E205-ECC - Health Assessment 58A-5.030(6) FAC
Based on record review and staff interview, the facility failed to ensure that a resident newly admitted into an Extended Congregate Care (ECC) program was examined by a physician or advanced registered nurse practitioner (ARNP) pursuant to Rule 58A-5.0181, F.A.C., or had a Resident Health Assessment (AHCA Form 1823) completed within 60 days prior to admission into ECC for 2 of 2 sampled residents. (Residents #1 and #2)

The findings include:

A review of the Resident Health Assessments (AHCA Form 1823) for Resident #1 and Resident #2 on revealed that Resident #1's most recent health assessment was dated and signed by the physician on Per review of Resident #1's clinical record, she was admitted into the ECC program on Resident #2's most recent health assessment was dated and signed by the physician on and he was admitted into the ECC program on

During an interview with the facility administrator/ECC supervisor on at 3:15 p.m., she confirmed that the health assessments for Residents #1 and #2 had not been completed within the appropriate time frame.

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on record review and staff interview, the facility failed to ensure that the service plan was developed and agreed upon by the resident and/or the resident's representative, and reflected the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences for 2 of 2 sampled residents. (Residents #1 and #2) The facility failed to ensure that Resident Service Plans were reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment for 2 of 2 sampled residents receiving ECC services. (Residents #1 and #2)

The findings include:

A review of Resident #1's and Resident #2's clinical records revealed the following:

Resident #1 was admitted into the extended congregate care (ECC) program on . The only service plan available for review for Resident #1 was dated There was no initial service plan available for review which confirmed that one had been completed timely and was reviewed the the resident and/or the resident's responsible party. There was no subsequent quarterly service plan (which should have been dated near the end

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of 2014). The signature page on the service plan allowed for signatures and dates of review by the resident, the family/responsible party, the designated care manager (caregiver), the executive director, the health care coordinator, the department coordinator and the activities coordinator. The form was only signed by the designated care manager (caregiver) on There was no indication on the Service Plan that it had been reviewed with the resident and/or family member/responsible party. (Photographic evidence obtained)

During an interview with Resident #1 at 4:15 p.m. on she confirmed that no staff member had ever met with her or spoken to her about her service plan. She stated that she had never been afforded the opportunity to review her service plan, and she had no idea what was contained in the service plan, but that she would like to know.

Resident #2 was admitted into the extended congregate care (ECC) program on The only service plan available for review for Resident #1 was dated There was no initial service plan available for review which confirmed that one had been completed timely and was reviewed with the resident and/or the resident's responsible party. There was no subsequent quarterly service plan (which should have been dated near the end of 2014). The signature page allowed for signatures and dates of review by the resident, the family/responsible party, the designated care manager (caregiver), the executive director, the health care coordinator, the department coordinator and the activities coordinator. The form was only signed by the designated care manager (caregiver) on There was no indication on the Service Plan that it had been reviewed with the resident and/or family member/responsible party.

A interview with the administrator at approximately 3:15 p.m. confirmed that neither resident signed as having agreed with or reviewed their service plan. She confirmed that neither of their family members/responsible parties had signed the forms indicating that the plan had been reviewed with them. When asked, the administrator stated that there was no paperwork that she could recall which required the resident's signature, therefore she had no way to confirm that the service plan had been reviewed with the resident. She was unable to produce the initial (or any other) service plans for either resident during the course of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunrise of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2015 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,

, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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