STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965877	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stephens Memorial Home	5805 Datil Pepper Road St FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2015001701, was conducted on . . . . . Stephens Memorial Home had deficiencies found at the time of the visit.

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on interview and record review, the facility failed to make available resident ' s records to the long term care ombudsman council representative for review during a complaint investigation for one of three sampled residents (#1).

The findings include:

In a phone interview with the Local Long-Term Ombudsman on . . . . . at 2:47 pm he stated that his agency received a complaint regarding Resident #1. He confirmed that the Ombudsman was refused access to Resident #1's record on , while attempting to conduct the complaint investigation. He reported that the Ombudsman obtained the required consent to look at Resident #1's record.

During a complaint investigation on an interview was conducted at 9:15 am with the Administrator regarding a previous investigation by the Ombudsman's office. The administrator stated that a representative from the Ombudsman's office came to the facility on . 2015 and requested to review the records for Resident #1. She stated that she did not have the medical records for Resident #1 and that the attorney for the resident's daughter had them at that time. She reported that this was the reason she could not give them to the Ombudsman to review. She stated that on that day she sent an e-mail message to Resident #1's daughter regarding the visit by the Ombudsman. She stated that Resident #1's daughter is her Durable Power of Attorney (DPOA) and that Resident #1's son is trying to become her DPOA and her legal guardian. When asked to produce a copy of the e-mail she sent to Resident #1 ' s daughter she stated she wasn ' t ' sure if she could print it and left the interview to get it. She returned with documentation of all the correspondence she ' s had with Resident #1 ' s daughter on each occasion after a representative from the Ombudsman ' s office visited the facility.

Review of the e-mail dated . . . . . from the Administrator to the resident ' s daughter revealed she wrote: " The Ombudsman rep just left here. She said that she wanted to look at the medical record of [Resident #1]. I told her it was locked up due to pending court case. She did not accept that easily. I gave her your number and [her attorney] ' s number and told her to call you and the attorney. "The e-mail indicated that the Administrator had refuse to allow the Ombudsman to review the records. When asked if the records were locked up or not at the facility during the Ombudsman visit on . . . . . she just shrugged and didn't say any more about where the records were at the time of the Ombudsman's request.

In a phone interview with the attorney representing Resident #1 ' s daughter on . . . . . at 10:17 am, she stated she does not have Resident #1 ' s medical and legal record from the facility. She stated " Oh, I thought I

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965877	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stephens Memorial Home	**5805 Datil Pepper Road St FL 32086**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

only had copies of her file. No, I ' m sure I only have copies and the records are there at the facility. " She stated that she has not instructed anyone to forbid the file to be reviewed. She stated " Anyone can review her file, even [Resident #1 ' s] son. " " We don ' t want to refuse access to the file to anyone. "

During an interview with the Administrator on at 10:25 am she was informed of the conversation with the attorney representing Resident #1 ' s daughter. She made no comment and just shrugged her shoulders. She was informed that the Ombudsman representatives who come to the facility do have the legal authority to review the files of the residents as long as they have consent from the resident or the resident's legal representative.

A review of the state ombudsman's consent form was conducted and revealed on , consent was obtained to review Resident 1's medical record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Stephens Memorial Home
5805 Datil Pepper Road
St FL 32086

RE: CCR #2015001701

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 **04/11/2015** 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

JD/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com