STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	04/08/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A biennial licensure survey was conducted on . Ingleside Retirement Home had deficiencies found at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and staff interview, the facility failed to schedule activities at least 6 days weekly and for a total of not less than 12 hours per week. This had a potential to impact on all 14 residents.

The findings include:

During a biennial re-licensure survey conducted on no activities were observed between 9:00 a.m. and 4:00 p.m. aside from the fact that several residents were observed watching television throughout the day.

A review of the activities calendar for 2015 revealed that exercises were to have been conducted between 9:00 a.m. and 10:00 a.m., and that bingo was scheduled for 2:00 p.m. to 3:00 p.m. Further review of the activities calendars for and 2015 revealed that activities were scheduled for less than the minimum 12 hours weekly.

An interview with the manager at approximately 3:00 p.m. revealed that she was unaware that activities were required to be scheduled for at least 12 hours per week.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and staff interview, the facility failed to develop and maintain a policy and procedure related to third party services. This potentially affected all 14 residents living in the facility.

The findings include:

During a biennial re-licensure survey conducted on at approximately 10:30 a.m., a young woman dressed in scrubs was observed entering the facility. When asked, she stated that she worked with a home health care company and was there to provide services to Resident #5. At that time, the facility manager was asked for their policy and procedure related to third party services. The manager stated that she was not familiar with what the surveyor was requesting and confirmed that the facility had no policy and procedure for third party services.

A review of the facility's "House Rules" revealed that there was no mention of anything related to third party services. A review of the resident contract revealed that there was no mention of third party services. (Photographic evidence obtained)

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0031 Continued From page 1

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and staff interview, the facility failed to ensure unlicensed staff administered medication according to physician order and failed to explain what medications were given during assistance with self-administration of medication for 2 of 2 sampled residents. (Resident #3, #8)

The findings included:

On at 11:28 am an observation of Employee A, Medication Technician, revealed she gave Resident # 8 her medication 100 milligram (mg). Employee A did not tell Resident #8 what the medication was. At 11:32 am Employee A gave Resident #3 his medication 100 mg. Employee A did not tell Resident #3 what the medication was.

Record review of Resident #8's Medication Observation Record (MOR) revealed was scheduled to be given at 1:00 pm. The MOR does not have the diagnosis written. The packaged pill card did not include a diagnosis what the medication was for.

Record review of Resident #3's MOR revealed was scheduled to be given at 1:00 pm. The MOR does not have the diagnosis written. The packaged pill card did not include a diagnosis what the medication was for.

An interview with Employee A on at 11:35 am confirmed she did not tell Resident #8 and #3 what she was giving. She said, "If they asked me what the medication is for, I would tell them. She said, "If I do not know what all of the medication is for, how am I supposed to explain that". Employee A said, " I can give medication 1 hour prior to giving it at the scheduled time " . She said, " The earliest I can give this medication was 12:00 pm " . She said she was 30-40 minutes too early giving the medication.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to ensure a medication was not expired for 1 of 12 resident medications. (Resident #7)

The findings include:

On at 12:25 pm an observation of the facility's medication cart revealed an expired medication ole/Betam Cream for Resident #7. A discard date of was on the pharmacy label.

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0055 Continued From page 2

An interview with Employee B, Manager, on at 12:25 PM, she stated the medication was expired and they should have ordered a new one. She confirmed Resident # 7 used this cream for itching.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and staff interview, the facility failed to ensure that the facility manager (Employee A) completed the core training requirement pursuant to Rule 58 A-5.0191 of the Florida Administrative Code (F.A.C.), which specifies that the core training and core competency exam must be completed no later than 90 days after becoming employed as a facility manager.

The findings include:

1) A tour of the facility on at approximately 9:15 a.m. revealed a posted letter designating Employee A as the facility manager. The letter was not dated.

A review of the personnel file for Employee A revealed a hire date to the position of manager on and a certificate of completion of 26 hours of ALF Core Training dated Further review of the employee file revealed no evidence of Employee A having completed the Assisted Living Facility Core Exam.

An interview with Employee A on at 3:18 p.m. confirmed that she was the facility manager. Further interview with Employee A confirmed that she became the facility manager on When asked whether she had completed her core competency exam, Employee A confirmed that she had not passed the test. She stated the following: "The administrator comes to the facility about once every 2 months, but once in a while she might also just pop in for a visit. She knows that I have not passed my Core exam, and she has told me that I need to re-take the test, but I want to wait until I have studied more, because I don ' t want to fail the test." When asked whether she had rescheduled the exam, she replied that she had not, because she wanted more time to study. Employee A confirmed that the administrator resided out of state.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and staff interview, the facility failed to ensure that a staff member who completed courses in First Aid and and held a currently valid card documenting completion of such courses was in the facility at all times. One of six sampled employees had no current First Aid or training. (Employee D)

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0083 Continued From page 3

The findings include:

A review of the personnel file for Employee D revealed a hire date of There was no current documentation of completion of First Aid training or available for review.

A review of the employee work schedule for and 2015 revealed that Employee D worked 14 shifts in after 22 shifts in , and 3 shifts in during which she was working alone with the residents. (photographic evidence obtained)

An interview with the manager on at approximately 3:25 p.m. revealed that she was unaware that Employee D's First Aid and training were expired.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and staff interview, the facility failed to ensure menus were signed annually by a Registered Dietician (RD), licensed nutritionist or registered dietetic technician, failed to ensure an up to date meal substitution log and failed to ensure water sufficient for drinking and food preparation in an emergency.

The findings include:

1. Record review of the facility menus revealed the menu did not have a dietician ' s signature. Employee B revealed another set of menus that was signed by the RD in 2013.

On at 1:30 pm an interview with Employee B, manager, stated the only signed menu she has was 2013. She said they have new menus, but they weren't signed by the dietician.

2. Review of 6 months of substitutions revealed the last entry was

An interview with Employee A at 1:18 PM on revealed that she substituted a dinner meal for pizza because the residents complained they did not want to eat what was being served. Employee A said, " We don't have to substitute very much " . She said she did not document the substitution because she was leaving and the taxi was waiting and the meter was running.

3. An observation of the facility's water supply revealed there was only a small supply of water; 22 16 oz. bottles of water and 3 gallons of water.

An interview with Employee B, at 3:00 pm on revealed, she knows she does not have enough water, she said she will get some. She said she does not have a contract or plan to obtain water in an emergency situation.

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0093 Continued From page 4

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review, and resident and staff interview, the facility failed to ensure a safe living environment for all residents and ensure appurtenances are maintained in good working order . This had the potential to effect all 14 residents at the facility.

The findings include:

1) at 9:15 AM during the tour, an observation of was observed with a broken door knob. The door would not close because the door bolt/latch was missing. The door knob was loose, coming off the door.

In an interview with Resident #2 on at 9:15 AM, he stated that stated that the door has been broken. He said it ' s been that way since he first came here.

An observation of revealed the door latch did not catch, and the door was not able to close shut. The bolt/latch inside the door was missing.

In an interview with Employee A on at 9:15 AM, she confirmed the broken doors. She reported that she will have to have that fixed.

2) An observation of revealed a hole in the wall toward the bottom of the wall, beneath a window across from the Resident #1 stated, " I am very , that hole in the wall bothers me " . He said, " If you can get that fixed, I won't have to worry about it " .

On at 2:30 pm an interview with Employee B stated, he did that to the wall with all the furniture he has in the She said he keeps moving his furniture around.

3) On at 9:50 am observed 6 fruit flies in on the sheet that was placed to divide the give privacy. Resident #2 said he sees them flying around. He said he does not know where they come from. He said they are a nuisance.

On an observation of the back sitting a couch, table and chairs were located, there were fruit flies flying around the the survey. At 11:15 am during dining observation of the kitchen, a fruit fly was observed flying in the kitchen.

On at 1:30 PM Employee A said we have no problems with bugs unless the residents leave the door open. She stated Pest Control was here 4-5 months ago. Employee B, manager, said what is flying around are fruit flies.

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0152 Continued From page 5

Review of Pest Control receipt from Pest Control Service dated revealed the facility was treated for roaches. There was no documentation that the facility was treated for fruit flies.

On at 3:00 pm upon opening the bottom cabinet to observe the stored water, a small swarm of fruit flies were observed flying out of the bottom cabinet. Employee B observed the fruit flies. She said she will have to spray for them.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to ensure that a weight record was initiated on admission, and that residents requiring assistance with activities of daily living (ADLs) were weighed semi-annually for 1 of 2 residents reviewed. (Resident #7)

The findings include:

A review of Resident #7's clinical record revealed that she was admitted to the facility on Her initial weight was recorded on the resident health assessment. The only other weight recorded was on . This resident was noted as receiving assistance with bathing, dressing and toileting.

A interview with Resident #7 at 9:36 a.m. confirmed that she received assistance with showering.

A interview with the facility manager at 12:51 p.m. revealed that she was unaware that the residents receiving assistance with ADLs required weights twice a year.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview, the facility failed to ensure that the resident contract included a provision giving at least 30 days written notice prior to any rate increase for 2 of 14 resident contracts reviewed. (Residents #2 and #7)

The findings include:

During a biennial re-licensure survey which was conducted on , Resident #2's and Resident #7's contracts were viewed. No provision of at least 30 days written notice prior to any rate increase was located in either contract. (photographic evidence obtained)

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A [redacted] interview with the facility manager at approximately 1:00 p.m. revealed that she was unaware that a 30-day written notice was required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 8, 2015 by representatives 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 **05/14/2015** 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

MB/JM/sm
Enclosure

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