STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	R 05/28/2015

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

An unannounced revisit to the biennial re-licensure survey was conducted at Ingleside Retirement Home in Jacksonville, Florida on , 2015. Uncorrected deficiencies were identified as a result of the survey.

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 an appropriate policy and procedure related to third party services. The policy did not require the third party to coordinate with the facility regarding the residents' condition and the services being provided. This potentially affected all fourteen (14) residents living in the facility.

The findings included:

During a revisit to the biennial re-licensure survey, a review of the facility's policies and procedures was completed. The policy and procedure related to third party services did not require the third party to coordinate with the facility regarding the residents' condition and the services being provided.

At 1:40 p.m., the facility manager stated that she wasn't aware that the required information was not included in the policy. She stated that she would ensure that the necessary corrections were made.

This was previously cited during the biennial re-licensure survey.

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 designated facility manager 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 included:

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SUMMARY STATEMENT OF DEFICIENCIES
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0077 Continued From page 1

A tour of the facility on at approximately 11:15 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 11:24 a.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 taken the exam once and failed. She confirmed that she had not yet re-taken the exam, nor had she scheduled to re-take the exam. She stated that the administrator was at the facility, however. When the surveyor asked for the administrator, Employee A stated that the administrator was in a meeting, but that she could call her. Employee A was asked to call the administrator to the facility as soon as possible. At 12:05 p.m., Employee A stated that the administrator could not come to the facility until at least 4:00 p.m. as she was taking a class. At 12:16 p.m. Employee A stated that the administrator had moved back to Jacksonville, as she had a family business in town. Employee A said that she didn ' t know what that business was. She stated that the administrator had worked in the facility from Monday, through Friday,

A telephone interview with the administrator on at 12:20 p.m. revealed that she was taking some training in Georgia for two days, but that she intended to return to Jacksonville after that time. She stated that she had been in the Carolinas more during the "last couple of AHCA visits" due to a family illness. When asked whether she had moved back to Jacksonville, she replied, "I live in Jacksonville, I was just in the Carolinas more because my parents were ill." I'm in in training, but I can leave and come to the facility. It will take me about three hours to get there." The surveyor explained that she would not be in the facility at that time. When asked why her mailing address for the facility was in South Carolina (SC), she replied it was because the LLC was established there. When asked how she received paperwork that was sent to SC, she said that it was forwarded to her from there. She said that her parents lived there.

During a telephone interview with the administrator via telephone at 12:35 p.m., she stated that she had facilities all over the United States, so she had all of her facility mail going to South Carolina. She stated that this was so that her mother could review it for her. She said that it would be a "big mess" if she was receiving mail at each of her facilities, because she would never be able to get all of the information she needed. She stated that she knew Employee A failed her Core exam "horribly", but that she thought it was due to a language barrier. She also stated that she knew that if she was gone for any period of time, she had to have a manager on-site with all the same training as she had, and she said that she was very confident in Employee A's ability to manage the facility while

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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she was gone.

An interview with Resident #10 at 1:30 p.m. revealed the following: When asked whether she had seen the administrator, Resident #10 said, "Yes, she came in last week for a day or two." When asked whether she had seen her since then, Resident #10 replied that she had not.

An interview with Resident #4 at 1:35 p.m. revealed the following: When asked whether she had seen the administrator, Resident #4 said, "She was here last week for a couple of days." When asked whether she had seen her since that time, she replied that she had not.

This was previously cited during the biennial re-licensure survey.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911190	A. Building B. Wing	5/28/2015

Name of Facility	Street Address, City, State, Zip Code
INGLESIDE RETIREMENT HOME	1433 INGLESIDE AVE JACKSONVILLE, FL 32205

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed	ID Prefix A0162 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed
ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Lana Meyers	Date: 9/3/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO	

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 revisit survey conducted on , 2015 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/or 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,

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

JG/JM/sm
Enclosure

Jacksonville Field Office
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Jacksonville, FL 32209
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