STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	05/21/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARBOR TERRACE ORTEGA	5760 TIMUQUANA RD JACKSONVILLE, FL 32210	

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

0000 - Initial Comments

An unannounced biennial licensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted at Arbor Terrace Ortega in Jacksonville, Florida on 2015. Deficiencies were identified as a result of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and staff interview, the facility failed to ensure that a resident did not require 24-hour nursing care, and failed to ensure that a resident was appropriate for an Assisted Living Facility (ALF) for one of fourteen sampled residents (Resident #10).

The findings included:

A review of Resident #10's Health Assessment which was completed on revealed that on page 2, section C, the examiner stated that resident #10 required 24-hour nursing services. On page 2, section D, the examiner stated that Resident #10 was not appropriate for an ALF.

A interview with the Health and Wellness Coordinator at approximately 4:00 p.m. revealed that she was unaware of the information in Resident #10's Health Assessment. She confirmed the findings.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure that newly hired employees submitted a statement from a health care provider within 30 days of hire indicating that the employee had no signs or symptoms of a communicable including for three of three sampled employees. (Employees A, B and C)

The findings included:

A review of the personnel file for Employee A revealed that she was hired on . There was no statement of freedom from communicable in her employee file.

A review of the personnel file for Employee B revealed that she was hired on . There was no statement of freedom from communicable in her employee file.

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 1

A review of the personnel file for Employee C revealed that she was hired on There was no statement of freedom from communicable including in her employee file.

An interview with the Health and Wellness Director and the Business Office Manager at approximately 4:30 p.m. on confirmed that Employee A, B, & C did not have the required paperwork on file.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and staff interview, the facility failed to ensure that staff who have regular contact or provide direct care to residents with and Related (ADRDs) obtained four (4) hours of initial training within three months of employment for one of three sampled employees (Employee B).

The findings included:

A tour of the facility at approximately 9:45 a.m., revealed that all three residential units were locked memory care units.

A review of Employee B's personnel file revealed that she was hired on There was no documentation of the required four (4) hour level I available for review.

A interview with the Administrator, the Business Office Manager, and the Health and Wellness Director at approximately 4:30 p.m. revealed that they were unaware that Employee B had not completed the required training.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview, the 60-bed facility failed to ensure that employees were provided with a job description for two of three sampled employees (Employees B and C).

The findings included:

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ARBOR TERRACE ORTEGA	5760 TIMUQUANA RD JACKSONVILLE, FL 32210	

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

0161 Continued From page 2

During a biennial licensure survey conducted on , personnel files were reviewed for Employees B and C. Employee B was hired on , and Employee C was hired on . No job descriptions were available for review for either employee.

At 4:26 p.m. the Business Office Manager stated, "We don't have job descriptions in the employee files."

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and staff interview, the facility failed to ensure that a resident receiving Limited Nursing Services (LNS) had been provided authorization by a health care provider's order for one of fourteen sampled residents (Resident #10).

The findings included:

A review of the facility's LNS log revealed that Resident #10 had been admitted for LNS on for the application and removal of embolic stockings.

A review of Resident #10's clinical file revealed that there was no physician's order for LNS.

At approximately 3:45 p.m., the health and Wellness Director stated that she was aware an order was required for LNS. She was unable to find and order in Resident #10's file, and stated that she would obtain one right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Arbor Terrace Ortega
5760 Timuquana Road
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state biennial licensure with Extended Congregate Care and Limited Nursing Services survey that was conducted on 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 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

JG/JM/sm
Enclosure

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