STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911434	10/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE INC.	1103 BARRS STREET JACKSONVILLE, FL 32204

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

0000 Initial Comments

An unannounced biennial licensure survey with Limited Mental Health was conducted at Autumn Village Inc. on , 2015. Autumn Village, Inc. had deficiencies found at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation, resident and staff interviews, the facility failed to post an activities calendar in a common area of the facility viewable to all residents and failed to provide an ongoing activities program in keeping with the needs, abilities and interests of 7 of 10 residents interviewed for activities (Residents #9, #10, #11, #12, #5, #7 and #8).

The findings include:

1. A tour was conducted of the facility on / at 9:15 AM and no activities calendar could be found posted in the facility.

An interview was conducted with the Employee C & F, Licensed Practical Nurse (LPN) on at 1:50 PM and both employees confirmed the activity calendar for the facility was not posted.

During resident interviews on Residents #9, #10, #11, & #12 confirmed there was not enough activities for them, and did not know where the activity calendar was located.

2. Observations throughout the survey on between the hours of 9:00 am and 3:15 pm found no organized activities were offered to the residents.

Resident #8 was interviewed about activities at 9:35 am on . He stated there were no real activities other than bingo or movies offered by the facility. Sometimes somebody plays music and shows movies. The facility was not providing two hours of activities a day. The activities on the calendar never happened, and had not done so in two years. The facility no longer has any activities staff.

In an interview at 10:00 am on , Resident #5 stated the facility offered minimal activities; once or

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twice a week there was bingo, and every once in a while they make popcorn and show a movie. Resident #5 insisted there was nothing close to 2 hours of daily activities offered to residents.

When interviewed about activities at 11:15 am on , Resident # 7 responded there were "None! Zero, zip!"

Class III

0054 Medication - Records

Based on interviews with residents and staff, a review of resident records, the facility failed to maintain a Medication Observation Record (MOR) that accurately noted any missed medication doses for 3 of 3 sampled residents who stated they had run out of their medications while residing in the facility (Resident #5, #7 and #8).

The findings included:

1. An interview was conducted with Resident #5 at 10:00 am on . He Stated had run out of medications while residing in the facility. He explained that when the card says it is time to reorder, some people don ' t pay attention to that.

A review of the MOR for Resident #5 found he received 15 milligrams (mg) three times daily ( ). The medication was not signed out as given on and / for the 12:00 pm scheduled dose. The signature box was left blank. Resident #5 was also scheduled to receive Propanolol 20 mg , and this medication was not signed as given on the same dates/times. There was no explanation on the back of the MOR as to whether the medication was taken or not.

An interview was conducted with the Licensed Practical Nurse (LPN) at 2:34 pm on . She reviewed the MOR and stated she did not know why Resident #5's and Propanolol were not signed out on those days. She reviewed the MOR and was unable to determine whether the medications were given as scheduled, or not. The LPN explained that the reason the medications were not signed for should have noted on the back of the MOR.

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2. During an interview with Resident #7 at 11:15 am on , she stated the facility ran out of her patches today, therefore staff gave her a pack of cigarettes to smoke.

Review of the MOR for Resident #7 found she was scheduled to receive 7 mg/24 hour patch, apply 1 patch daily. This medication was signed as administered all days in .

An interview was conducted with the LPN at 1:50 pm on . She searched for the patches for this resident, but did not locate them in their usual storage drawer. She eventually located them underneath the Resident's horizontally stored unit dose medication cards. The label on the bag indicated 14 patches were sent out on . There were 13 patches in the bag. The LPN stated Resident #7 should have gotten her patch today.

A second interview was conducted with Resident #7 at 1:55 pm on . She again confirmed she did not receive her patch today, and showed me both shoulders and , which were both void of the patch.

3. An interview was conducted with Resident #8 at 9:35 am on . When asked if he had ever run out of medication, he stated yes, when it was on reorder.

A review of the MOR for Resident #8 found that on the following medications were not signed as given, with no explanation on the back of the MOR: 6.25 twice daily ( ) (the 6:00 pm dose was not signed off), 60 mg (6:00 pm dose was not signed off), 400 mg (Neither the 8:00 am or 8:00 pm doses were signed for), 100 mg (8:00, 12:00 pm, and 6:00 pm), 15 mg 1/2 tab (7.5 mg) daily, 8:00 pm.
An interview was conducted with the LPN at 2:34 pm on . She reviewed the MOR and stated she did not know why Resident #8's medications were not signed for on . She was not able to determine if the medications were given that day, or not. The LPN stated staff should have documented an explanation on the back of the MOR as to why the medications were not signed off.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the failed to ensure evidence of a negative ( ) examination was documented on an annual basis for 1of 4 employees (Employee A) and failed to obtain a written statement from a health care provider documenting 1 of 4 employees did

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not have any signs or symptoms of communicable including within 30 days of hire. (Employee B)

The findings include:

Record review for Employee A (hired) revealed the most recent evidence of a screening/chest x ray was dated .
Record review for Employee B (hired) could not locate a written statement from a health care provider documenting Employee B employees did not have any signs or symptoms of communicable including .

The findings were confirmed during an interview on at 1:15 PM with the Employee C/Administrative Assistant in Training. She stated they sent the employee to the doctor to get it.

Class III

0081 Training - Staff In-Service

Based on staff interview and employee personnel file review, the facility failed to ensure 1 of 4 sampled employees (Employee B) received a minimum of 1 hour in-service training within 30 days of employment that covered providing assistance with the activities of daily living.

The findings include:

Record review for Employee B (hired) found no evidence she received training in providing assistance with activities of daily living.

The findings were confirmed during an interview on at 1:15 PM with the Employee C/Administrative Assistant in Training. She stated did not have evidence of the training.

Class III

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0093 Food Service - Dietary Standards

Based on observation and staff interview, the facility failed to post a weekly planned menu in an area easily viewed by all residents affecting all 67 residents on the current census. In addition the facility failed to maintain a current substitution log for the past 6 months.

The findings include:

1. A tour was conducted of the facility on at 9:30 AM. A weekly menu was observed on a board located in the hallway of building one with an expiration date of .

An interview was conducted with the Administrator on at 12:15 PM and she confirmed the facility did not have the current approved menu posted in the facility that all residents could view.

2. An interview was conducted with Employee I on at 11:45 AM. The employee was asked for the facility substitution log. Employee I stated " I don't know where that is".

An interview was conducted with the Employee C, on at 1:45 PM and she confirmed there were no substitutions listed on for the lunch meal.

An interview was conducted with the Administrator on at 2:30 PM. The administrator confirmed the menu was not followed today and the facility substitution log was not completed for today's substitutions.

Class III

0161 Records - Staff

Based on employee record review and staff interview, the facility failed to maintain personnel records for 2 of 4 staff members. (Employees A, B)

The findings include:

Record review of the employee file for Employee A/Administrator (hired) found no evidence of

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job description. The findings were confirmed by the Administrator on at 12:42 PM. She stated she did not have one and wanted to know why I was asking one.

Record review for Employee B (hired) found no evidence the facility obtained a written statement from a health care provider documenting Employee B did not have any signs or symptoms of communicable including . The findings were confirmed during an interview on at 1:15 PM with the Employee C/Administrative Assistant in Training. She stated they sent the employee to the doctor to get it.

Class III

L243 LMH - Training

Based on staff interview and employee record review, the facility failed to ensure 1 of 4 sampled employees (Employee A) received three hours of Limited Mental Health continuing education biennially and 1 of 4 sampled employee received training in Limited Mental Health within 6 months of hire. (Employee E)

The findings include:

Record review for Employee A (hired) revealed her most recent training in Limited Mental Health was on .

Record review for Employee E (hired) found no evidence she received Limited Mental Health training.

The findings were confirmed during an interview on at 4:00 PM with the Administrator and the Administrative Assistant in Training. Both stated they did not have evidence of the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Autumn Village, Inc.
1103 Barrs Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports the findings of a state biennial licensure survey with Limited Mental Health 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -4201.

Sincerely,

Jana Meyerng, QIDP
Health Facility Evalautor Supervisor
Division of Health Quality Assuance

NH/JM/sm
Enclosure
XG90

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