STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911432	10/30/2015
NAME OF PROVIDER OR SUPPLIER **RIVERSIDE PRESBYTERIAN HOUSE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2020 PARK STREET** **JACKSONVILLE, FL 32204**	

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

0000 Initial Comments

On , 2015 a biennial relicensure survey was conducted at Riverside Presbyterian House Assisted Living Facility. Deficient practice was identified during the surveys.

0031 Resident Care - Third Party Services

Based on interview and record review, the facility failed to ensure they had a policy addressing third party contracts for health care provided by a third party provider.

The findings include:

Record review on of contracts revealed there were no Third Party Contracts to review.

On at 10:48 am an interview with the Administrator stated he does not have a contract for 3rd party providers. He stated they have several home health companies that come to the facility. He said he did not know they needed a contract for third party providers.

On an interview with the Health and Wellness Nurse stated they use 3 home health providers, not including Hospice services. She said Resident #13 currently uses a third party provider for care.

Class III

0056 Medication - Labeling and Orders

Based on observation, interview and record review, the facility failed to ensure the medication labels matched the Medication Observation Record (MOR ' s) for 2 of 3 sampled residents. (Resident #3, #11)

The findings include:

A medication observation with Employee A, Medication Technician on at 8:30 am revealed Resident #3 took 1 inhalation of Inhaler. The label on the box revealed Inhalation, inhale 2 puffs twice a day. Employee A confirmed the label was incorrect. She said the label needs to be changed. Resident #3 was also observed to take Inhalation 2 puffs. The label for revealed 1 puff inhaled daily. Employee A stated he took 2 puffs of the . She said he is only supposed to get 1 puff of each. The Health and Wellness Nurse was standing outside the medication

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also reviewed the label with the Medication Observation Record (MOR) dated 2015. She confirmed the label and MOR for the did not match. She said sometimes when the medications are delivered, they send so many and the medications could have changed by then. She said we are supposed to observe the label with the order and make sure they all match with the MOR. (Photographic Evidence)

Record review for Resident #3 physician orders dated 2015 revealed 1 puff, inhaled daily.

A medication observation of Employee B, Medication Technician on at 9:20 am revealed she prepared a treatment for Resident #11. She assembled the tubing and medication apparatus, opened and poured a vial of into the machine, secured it, handed the apparatus to Resident #11 and turned it on for her. The label of for Resident #11 reads, give 2 times a day, but the MOR says inhale contents of 1 vial 4 times a day as needed. Resident #11 said she never learned how to set it up. Employee B stated since 1st she's been setting up the machine without assistance. Employee B confirmed the label and MOR did not match.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview the facility failed to ensure one employee (Health and Wellness Director) out of 4 sampled employees received 1 hour of required training on Resident ' s Rights, Emergency Preparedness and Evacuation, Incident Report Training, and Recognizing/Reporting , Neglect &

The findings include:

During the biennial licensure survey on a review of employee records was conducted. There was no evidence in the Health and Wellness Director's file that she had received training on Resident's Rights, Emergency Preparedness and Evacuation, Incident Report Training, and Recognizing/Reporting , Neglect & in the first 30 days of employment or since.

During an interview with the administrator on at 12:45 pm he stated he didn't know that the Health and Wellness Director needed the trainings. He stated he thought her nursing license would cover that requirement. He stated during the exit conference " It's my fault that she hasn't had the trainings. "

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0090 Training -

Based on employee record review and staff interview the facility failed to ensure one employee (Health and Wellness Director) out of 4 sampled employees received 1 hour of required training on Policy and Procedure.

The findings include:

During the biennial licensure survey on a review of employee records was conducted. There was no evidence in the Health and Wellness Director's file that she had received training on Policy and Procedure within the first 30 days of employment.

During an interview with the administrator on at 12:45 pm he stated he didn't know that the Health and Wellness Director needed the training. He stated he thought her nursing license would cover that requirement. He stated during the exit conference " It's my fault that she hasn't had the trainings. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Riverside Presbyterian House, Inc.
2020 Park Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports the findings of a state licensure 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. **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 .

Sincerely,

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

JD/JM/sm
Enclosure
XG90

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