STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	12/22/2015
NAME OF PROVIDER OR SUPPLIER **SUNRISE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4870 BELFORT RD** **JACKSONVILLE, FL 32256**	

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

0000 Initial Comments

A complaint investigation (CCR 2015011359) and Extended Congregate Care monitoring was conducted at Sunrise of Jacksonville . Sunrise of Jacksonville had deficiencies at the time of the investigation.

0029 Resident Care - Nursing Services

Based on record review and interview, the facility failed to obtain vital signs by a licensed nurse for medication requiring parameters for 1 of 3 sampled residents. (Resident #3)

The findings include:

Record review on of Resident #3 Medication Observation Record (MOR) for 2015 revealed the medication recorded the monitoring of vital signs prior to assisting with medication for . The MOR recorded to hold if the was less than 95 or if his rate was less than 50. Twelve of forty three requires entries for / rate monitoring were recorded on the MOR.

On at 1:40 pm, an interview with Employee A, Medication Technician, was conducted. She stated, "When we give his medication we have to check Resident #3's (B/P) and rate (HR)." She stated, if it is low, she will then notify the nurse. She said she obtains the vital signs herself. She said all the med techs are to obtain the vital signs. Employee A stated that this is the only place to document it, on the MOR. She said she will write it on a piece of paper and record it to the MOR, then throw away the paper. She said there are times she recorded it on the paper, but lost it or threw it away before she recorded it on the MOR. She said there are many days on the 2015 MOR that do not have the B/P or HR recorded for this resident.

On at 1:58 pm An interview with the Resident Care Director she stated for Resident #3, his 2015 MOR did not record all of the vital signs needed before giving his medication, . She said she will need to educate her staff about this. She confirmed the staff have not yet been education on the taking of vital signs and the care manager was not a certified nursing assistant.

Class III

E204 ECC - Admissions & Continued Residency

Based on record review and interview, the facility failed to provide an annual Extended Congregate Care

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

(ECC) updated Health Assessment for 1 of 3 sampled residents. (Resident #2)

The findings include:

An interview with Resident #2's spouse on at 9:25 am revealed he no longer gets up out of bed. She said he was declining and receives Hospice services.

Record review of Resident #2's Health Assessment dated / recorded his activity of daily living (ADL's) as ambulates with rolling walker, needs assistance with all ADL's, but transferring was not documented. Page 2, Section D stated " No " for " Can this individuals needs be met in an ALF, which is not medical, nursing or facility ." An order to admit to ECC related to ( ) hose and dated / . Review of the progress notes revealed he no longer ambulates or gets out of bed.

On an interview was conducted with Employee B, Care Manager at 2:20 pm. He stated Resident #2 is a bed bound patient and requires 2 person assistance with transfers. He said bed mobility is also 2 person assist. Employee B stated that Resident #2 required 1 person to dress him, he cannot help with that. He said Resident #1 can eat and feed himself after the meal is cut up and setup. He said for bed bath, he needs full care, he only has 1 functioning hand.

On at 1:58 pm an interview with the Resident Care Director revealed that for Resident # 2, the facility should have received a corrected Form 1823. She confirmed that Resident #2 required assistance of 2 for all of his ADL's and confirmed that his assessment needed to be updated. She The Resident Care Director reported that Resident #2 is on ECC for accu- checks and . When asked if there was an updated Health Assessment, she said no.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunrise Of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

RE: CCR #2015011359

Dear Administrator:

This letter reports the findings of a state licensure complaint and Extended Congregate Care survey that was conducted on , 2015 by a representative 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 6, 2016.** 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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

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

MB/JM/sm
Enclosure
XG90

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