STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	08/02/2016
NAME OF PROVIDER OR SUPPLIER **NOBLE HOUSE RETIREMENT OF JACKSONVILLE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6561 SAN JUAN AVE. JACKSONVILLE, FL 32210**	

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

0000 Initial Comments

On _ , 2016 an bienneial survey with Limited Mental Health was conducted at Noble Gardens of Jacksonville Assisted Living Facility, License number 12207. Deficient practice was identified during the survey.

0055 Medication - Storage and Disposal

Based on observation, record review and staff interview, the facility failed to dispose of abandoned medications within 30 days of the discharge date of 2 former residents

The findings include:

During the initial tour of the facility on _____ at 9:25 am, two plastic canisters of prescription medications were observed on the shelf in one _____ jointly by 4 residents. One canister was dated and read the resident's name and the medication as Cream 0.1%. The other canister was dated / and read the resident's name and the medication as Triamcin. The rest of the label had been worn off. The medications were prescribed to two un-sampled residents. Photos obtained.

Review of the census for the facility revealed the two un-sampled residents no longer resided at the facility. One of the residents was discharged on / and the other resident was discharged on

During an interview with the administrator on at 2:45 pm he was shown the canisters of medicine in the _____ asked if they were to be stored there. He looked at the canisters and stated that both of the residents had been discharged and the medicine should have been disposed of already.

Class III

0093 Food Service - Dietary Standards

Based on interview, observation, and record review, the facility failed to ensure that nutritional standards were met for 2 of 3 residents (#5, #5) reviewed for physician ordered therapeutic diets.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with Resident #4 on at 9:53 AM, she stated she does not get a therapeutic diet. She has a diagnosis of and is dependant. She indicated that when she is out of so she manages her sugars by controlling what she eats. As of this morning she stated she was out of and more was expected to come by the end of the day.

During an observation of the lunch service at 12:00 PM, each resident received the same meal, which consisted of baked macaroni with beef, a tossed salad with dressing, peas, and bread. Dessert was a cup of pineapples.

In an interview with Employee D at 1:14 PM on , she confirmed she only has 1 menu to prepare meals from, and there are not special dietary menus for therapeutic diets. She stated there are snacks, and those with do not get sugar, but they get Sweet N Low instead. She pointed to a sign in the kitchen that showed who was , and they all indicate they need a special diet. She also said the 2 residents who go to get boiled eggs, and she has their names on the board as well.

Review of the 1823 form for Resident 1, used to indicate to staff what special diets have been ordered for clinical necessity and signed by her physician, it indicated she is to receive a CHO controlled, High Protein, diet, on . She has a diagnosis of both and and she is on .

Review of the 1823 for Resident #5 shows she was ordered a diet, by her physician on . She has a diagnosis of .

In an interview with the facility's Business Manager at 2:50 PM, she confirmed that there were no special diet menus created by the dietician. She said the dietician is aware that they admit people with special diets but not that these specific residents were ordered these diets. She stated the way they adhere to the diet is to give smaller portions, and to provide 2 boiled eggs. She said for residents, they get sweet and low instead of sugar.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations, resident record review and staff interviews, the facility failed to provide a safe living environment, free of hazards for 2 out of 8 sampled residents residing in the facility. Residents #1 and #5.

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

The findings include:

During the initial tour of the facility from 9:25 am until 11:05 am all the common areas, 16 resident and resident were observed.

In # an electrical surge protector power strip was observed to be full with from various electrical devices in the a possible fire hazard. Photo obtained.

In # an tank was observed unsecured standing upright next to an concentrator machine. An unsecured tank was observed lying across a rolling walker sitting at the foot of the resident ' s bed. The resident (#5) was asleep in her bed. An tank cart was observed next to the wall under the window. The cart was empty. Photos obtained.

During an interview with Resident #5 on at 11:40 am she stated she didn't feel good and really didn't want to answer questions. She stated she handles the tanks independently of staff and fills them on the concentrator. She stated, "I do it myself." When asked if she knew that the tanks were not stored securely and could be a possible hazard if they over, she stated she knew they could.

Review of the medical record for Resident #5 revealed an order for at 2 liters per minute per nasal cannula. Copy obtained.

During an interview with Employee B on at 11:45 am she stated that Resident #5 gets continuously and she is served by a home health agency. She has a private provider of . She stated the staff try to help her but she doesn ' t wait for them to help her she just moves the tanks around on her own.

During an interview with the Administrator on at 1:00 pm he was asked who provides the to Resident #5 and he went to her obtained her folder for home health care and produced the documentation to indicate an agreement with Resident #5 and a provider of durable medical equipment. He stated, that the staff try to help her but she doesn't really want them to. She can be . He stated, he understood the danger of unsecured tanks and that he could come up with some sort of storage container for the tanks.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Noble House Retirement of Jacksonville, LLC
6561 San Juan Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state biennial licensure and Limited Mental Health survey that was conducted on , 2016 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 , 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

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

JG/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com