STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	08/05/2016
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

On , 2016, an unannounced biennial re-licensure survey with Extended Congregate Care (ECC) was conducted at Sunrise of Jacksonville Assisted Living (License #11689). Deficient practice was identified during the survey.

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to have a 3- day supply of non-perishable food on hand. The census on was 73 residents.

The findings include:

Observation of the food storage area on at 12:15 pm showed no 3-day supply of non-perishable foods. An interview was conducted with Employee A at that time. He stated that there were no other food storage areas in the building. All other foods required refrigeration. He confirmed that there was not a 3 day supply of non-perishable foods area for each resident. He stated that he was unaware that he needed 3 day non-perishable food supply. He stated that he will pull the facility policy and get back with the surveyor.

Interview was conducted with Employee A at 12:35 pm on . Employee A gave the surveyor the dining emergency plan and stated that he will have to order a 3 day supply of non-perishable emergency food for the residents at the facility. He stated that he did not have enough non-perishable foods in the facility for each if there was an emergency.

Interview was conducted with Executive Director, Employee B at 1:10 pm on . She stated that the facility had no 3-day supply of non-perishable food available. She stated that Employee A will place an order for a 3-day supply of non-perishable foods.

Review of the dining emergency plan dated showed a 3-day emergency supply of food must be maintained on site. (photographic evidence obtained)

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that 3 of 3 employees were listed on

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the facility's employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A's personnel file revealed a hire date of /2016 and an eligible level II background screening dated with no gaps in employment.

A review of Employee B's personnel file revealed a hire date of and an eligible level II background screening dated .

A review of Employee C's personnel file revealed a hire date of and an eligible level II background screening dated / with no gaps in employment.

A review of the Agency for Health Care Administration's background screening website showed that none of the above stated employees were listed on the roster.

In an interview with the Administrator on at 2:30 PM she stated the ALF has a corporate person who is designated to update the AHCA employee roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunrise of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure with Extended Congregate Care 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,

for Jana Meyering, QIDP
Health Facility Evalautor Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

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