

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968832	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER THE INN AT AGING GRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 SOUTEL DR JACKSONVILLE, FL 32208	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted at The Inn at Aging Grace on
The facility had deficiencies at the time of the visit.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide therapeutic diets as ordered by the physicians for 2 of 4 residents reviewed.

The findings include:

Resident #5's chart was reviewed and it was found that his 1823 (Used for a health assessment) dated had an order for a diet.

Resident #6's 1823 dated showed that he was ordered a diet.

In an interview with Employee C on at 12:31 PM, she confirmed that there is only 1 menu prepared and served to residents but she stated she alters their servings to accommodate the diet. She confirmed there is no menu from a Registered Dietician (RD) that is used to guide the offerings.

Review of facility records showed only 1 menu, with no indication a menu had been prepared and approved by an RD.

The administrator confirmed this in an interview at 1:50 PM, stating they do not serve diets for their residents.

At 2:15 PM on, Resident #5 stated he believed he was getting a diet and was unaware that he was getting a different menu than what was ordered for him.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to ensure the required record keeping for admissions, transfers, and discharges, as well as the record keeping for elopement drills, was complete and accurate.

The findings include:

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At 10:05 AM on, the Administrator was asked about the Admission/Transfer/DischargeLog. He stated there were 16 residents of the facility, and that 2 were actually in rehab getting inpatient care and were not here. Two residents were listed on the log with incorrect statuses, and corrections to the log were made in front of the surveyor to make the log in compliance at the time of the interview. At 10:53 AM on, the Administartor was asked to provide evidence that Elopment drills were conducted with the direct care staff. He produced logs that showed the dates he did drills but there were no names on the forms indicating who was present at the drill, or any signatures from staff affirming they had participated in drills. He confirmed at 10:53 AM that he was not having staff sign in when he conducted drills and no further evidence was provided indicating staff had participated in 2 drills a year. Class III		