STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964643	**08/28/2017**
NAME OF PROVIDER OR SUPPLIER **BISHOP CHRISTIAN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1627 EAST 8TH STREET** **JACKSONVILLE, FL 32206**	

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

0000 - Initial Comments

On -7/7- -a complaint investigation (CCR #2017007127)as conducted at Bishop Christian Home. The complaint was substantiated without deficient practice. Additional deficient practice was cited.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and review of record the facility failed to ensure that licensed staff conduct glucose testing for Resident #1.

Findings include:

A review of Resident #1 file reveal that Resident #1 suffered from .

On at 12:41 pm, an interview was conducted with Resident #1's attending physician. He confirmed that the facility conducted glucose testing on Resident #1, he stated after leaving the facility's results, Resident #1 be transported to the emergency .

On at 1:45 pm a interview was conducted with the Owner/Operator and Staff members A, B and C. All confirmed that unlicensed staff conducted sugar testing on Resident #1. The Owner/Operator stated in an earlier interview at 11:30 am, that they were aware that unlicensed staff was not supposed to conduct the glucose testing.

A review of the hospital and ambulance records revealed that the facility conducted glucose reading on Resident #1 (See photographic evidence). Per records, the sugar reading was 600.

Class III