STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911432	**11/01/2017**
NAME OF PROVIDER OR SUPPLIER **RIVERSIDE PRESBYTERIAN HOUSE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2020 PARK STREET** **JACKSONVILLE, FL 32204**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted on at Riverside Presbyterian House (Lic# 5459). Deficient practice was identified at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conduct 2 elopement drills per year with all direct care staff pursuant to section 429.41 (1)(a) 3, for 3 of 4 employees sampled.

The findings include:

A review of the facility's elopement drills was completed on .

Employee B's signature could not be found for the drills conducted in 2016. The start date recorded for Employee B was .

Employee F's start date was recorded as . She did not have any sign in's on the facility's elopement drill log indicating she participated.

Employee E's start date was recorded as . She signed in to one elopement drill in 2016 ( ) but there was no other documentation for 2016 that indicated she was involved in the drill.

Review of the schedule for 2017 showed that Employees B, F, and E were all assigned to work on the current schedule in direct care capacities.

During an interview with the ALF Director on 11/ at 3:30 PM, she confirmed that these residents had not completed 2 elopement drills per year.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, interview, and record review, the facility failed to accurately document on 2 of 4 Medication Observation Records (MORs) sampled (Residents # 7 and #8).

The findings include:

1. During an observation of Resident #7 recieving assistance with her medications, Employee C was

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SUMMARY STATEMENT OF DEFICIENCIES
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observed in the medication at 9:30 AM. She was observed pulling the medications from the cabniet, placing them in the dosage cup, and signing off the MOR for Resident #7 as she placed them in the cup.

She was then observed taking the pills to Resident #7 in her .

Following asssiting Resident #7 with her morning medications, Employee C was then observed assisting Resident #8 at 9:46 Am on . Employee C was observed taking the pills from the cabinet, and popping the pills from the pack to the medication cup. After popping the pills into the cup for the resident to take, Employee C initialed on the MOR next to the medication, for 5 of the 6 medications she placed in the cup.

Resident #7 was given the pill cup after Employee C had documented on the MOR next to each medicine.

Employee C's documentation that the medication was documented as given prior to Residents #7 and #8 taking the pills was confirmed in an interview with the ALF Director, who was present during the Medication Pass, in an interview on at 10:00 AM.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to ensure 1 of 3 residents received clarification from the health care provider for "as needed" medications (PRN) for Resident #10, and to ensure the centrally stored medication contained accurate instructions according to the physician's order for Resident #10.

The findings include:

1. On , a review of the Medication Observation Records (MOR's) for Resident #10 was conducted.

The 2017 MOR contained a line for , , .5 mg, with instructions to give 1 tablet by mouth once daily as needed for .

Directly below, there is a line for , , .5 mg, with instructions to give 1 tablet by mouth twice a

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SUMMARY STATEMENT OF DEFICIENCIES
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day as needed for .

The MOR was initialed next to the , ordered for , every day in the month except for and .

The MOR was initialed off as being given , , , , and for .

Employee A, a Med Tech, was interviewed at 12:35 PM on and confirmed that she has given Resident #10 her medicine, including this "as needed" medication. She confirmed, along with the ALF Director, that neither of these medicines have clarification with parameters for unlicensed staff to reference.

The back of the MOR was reviewed, which detailed the name of the medication and date given; the time; the reason; and the results of the medication, and which staff assisted the resident.

For 2017, it was documented that Resident #10's , was given for , 3 times on . On , it was documented as being given twice for . On , it was documented as being given twice for . On , it was documented as given twice for . On , it was documented as being given twice for .

2. On at 12:20 PM, Employee A was observed assisted Resident #9 with her medications. Resident #9 requested a pain pill (Norco), and Employee A obtained the medication and assisted Resident #9 with self administration.

Review of the 2017 MOR for Resident #9 showed the medication could be given every 6 hours as needed for pain.

Review of the pack for Resident #9's pain medication showed instructions to give every 8 hours as needed. This was confirmed with Employee A and the ALF Director at 12:30 PM.

The chart was reviewed with the Administrator and the Health Assessment dated contained an order for the medication to be given every 6 hours. She confirmed the medication label was incorrect and she took steps to change the label during the interview.

Photographic Evidence Obtained

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence that 2 of 4 employees reviewed had personnel files which contained a statement that they ere free of communicable .

The findings include:

During a record review of the Administrator's personnel file on , there was no evidence found that a health care provider certified him to be clear of communicable within 30 days of hire.

Review of the personnel file for Employee A (hired) also showed no signs that a health care provider certified her to be clear of communicable .

During an interview with the Business Office representative on 11/ at 2:30 PM, she confirmed the two files did not contain the necessary documentation. An attempt was made to find the Administrator's documentation from the corporate office, but it was not produced by the end of the survey.

Class III

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