

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED MAY 20 2015
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NAME OF PROVIDER OR SUPPLIER

FIRST COAST HEALTH & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7723 JASPER AVENUE
JACKSONVILLE, FL 32211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Recertification survey was conducted at First Coast Health and Rehab in Jacksonville, Florida on . . . Deficiencies were identified as a result of the recertification survey. The facility is not in compliance with the regulations at 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.	
F 371 SS=D	483.33(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store food under sanitary conditions in the kitchen, freezer, and reach in cooler. The findings include: During tour of the kitchen at 7:35 am . . . a black biological growth substance was observed along the inside wall of the kitchen, beside the ice machine. A . . . inch puddle of water was observed standing on the floor in front of the ice	F 371	F371 Food Procure, Store/Prepare/Serve-Sanitary 1. The cove base was replaced along side the wall in the ice machine The puddle in front of the ice machine was mopped up and a matt was ordered for placement. Ice machine was serviced on 5/ . . . The sandwich crust, 2 sides of the bread and both pieces of the sandwich bread observed in the back corner of the kitchen behind the ice machine was swept up by the Food Service Director. The 1 inch gap observed at the bottom of the back door to the kitchen was repaired with the addition of a door sweep. The 3 empty boxes were removed from the dry storage area. The opened box of peas and carrots and opened box of pork ribs in the freezer were covered and boxes were closed. The milk reach in cooler was cleaned and is free of food particles along the inside edges of the cooler. 2. NHA and Dietary Manager visually inspected dry food storage area to ensure no empty boxes, the freezer to ensure no open boxes present and the milk reach in cooler to verify it was clean. During this inspection no other black areas on cove base were identified. Ice machine remained free of debris and water.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michelle Herring

Administrator

5/20/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER FIRST COAST HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7723 JASPER AVENUE JACKSONVILLE, FL 32211		
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F 371	<p>Continued From page 1</p> <p>machine. During 3 visits to the kitchen on subsequent days of survey the same puddle of water on the floor in front of the ice machine was observed. There was a sandwich crust, 2 sides of the bread and both pieces of the sandwich bread, observed in the back corner of the kitchen behind the ice machine. A 1 inch gap was observed at the bottom of the back door to the kitchen. Photographic evidence obtained.</p> <p>The tour continued into the dry storage area, where three empty boxes were observed. There was an opened box of peas and carrots, and an opened box of pork ribs in the freezer, subject to contamination from anything leaking in the freezer and freezer burn. The lid on the milk reach in cooler had dirt and food particles along the inside edges of the cooler.</p> <p>In an interview on _____ at 11:05 am, the Food Service Manager confirmed that there was a large gap at the bottom of the back door, and that there was a puddle of water in front of the ice machine. She stated that water accumulated when ice was put into coolers to take out to the floors at meal times. She verified that there was a sandwich crust behind the ice machine that had been there since _____, and she swept it up.</p>	F 371	<p>3. Re-education of Dietary Staff of proper storage preparation and distribution of food that establishes and maintains sanitary conditions during service. Daily cleaning schedule updated to include mopping under the ice machine and cleaning the lid on the milk reach in cooler.</p> <p>4. Dietary Manager or Designee will complete audits 3 x weekly to ensure proper storage preparation and distribution of food. Findings of audits will be reported to QAPI committee monthly for 3 months and reviewed quarterly thereafter to ensure continued compliance.</p>		
F 469 SS=D	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p>	F 469			

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F 469	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain an effective pest control program so that the facility is free of pests in a closet in the kitchen and resident</p> <p>The findings include:</p> <p>During tour of the kitchen at 7:35 am on an electrical _____ observed that was accessible only from the kitchen through a wooden door. There were more than ten large _____ roaches and a _____ frog observed on the floor of the _____. The roaches were not dried out or dusty. Photographic evidence obtained.</p> <p>In an interview with Resident #87 on _____ at 11:32 am, he reported that he saw a live roach in his _____ the past couple of months. He said that it came into his _____ the hallway, and he killed it.</p> <p>A recently _____ cockroach was observed by a surveyor in Resident #86's _____</p> <p>On _____ at 11:05 am, the Food Service Manager confirmed that there was a problem with roaches that were in the electrical _____ of the kitchen.</p> <p>Review of the contract between the facility and the pest control company revealed that service was provided every two weeks. The last service date for the facility including kitchen, storage areas, lobby, common areas and entryways</p>	F 469	<p>F469 Maintains Effective Pest Control Program</p> <ol style="list-style-type: none"> 1. The Dietary Manager swept up the roaches and frog out of the electrical _____ #87 and #86 rooms were treated by Turner Pest Control for pests on _____ 2. Concierge Rounds were used for evaluation of residents _____ to ensure there were no additional pests in resident _____ 3. Staff will be re-educated regarding reporting any pests to the Administrator or Designee and logging in the Commercial Service Log for Turner Pest Control. At next Resident Council resident will be re-educated on informing staff if any pests are seen. 4. Dietary Staff, Maintenance Director or Designee will audit the electrical _____ pests on a daily basis for 8 weeks. Concierge Round appointees will conduct observations for pests every business day and report findings to NHA or Designee weekly x 8 weeks. Results of these audits will be presented to QAPI meetings for 3 months and reviewed quarterly thereafter to ensure continued compliance. 		

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Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED MAY 20 2015 AHCA
NAME OF PROVIDER OR SUPPLIER FIRST COAST HEALTH & REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 7723 JASPER AVENUE JACKSONVILLE, FL 32211		
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N 000	INITIAL COMMENTS A relicensure survey was conducted on First Coast Health and Rehab had deficiencies found at the time of the visit.	N 000		
N 110 SS=D	400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike 400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner. 59A-4.122(1) FAC The facility shall provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility premises in a sanitary manner in the kitchen, freezer, reach in cooler, and resident The findings include: During tour of the kitchen at 7:35 am on _____ a black biological growth substance was observed along the inside wall of the kitchen, beside the ice machine. A _____ inch puddle of water was observed standing on the floor in front of the ice machine. During 3 visits to the kitchen on subsequent days of survey the same puddle of water on the floor in front of the ice machine was observed. There was a sandwich crust, 2 sides of the bread and both pieces of the sandwich bread, observed in the back corner of the kitchen behind	N 110	N110 Physical Environment - Safe, Clean - Homelike 1. The cove base was replaced along side the wall in the ice machine room. The puddle in front of the ice machine was mopped up and a mat was ordered for placement. Ice machine was serviced on _____. The sandwich crust, 2 sides of the bread and both pieces of the sandwich bread observed in the back corner of the kitchen behind the ice machine was swept up by the Food Service Director. The 1 inch gap observed at the bottom of the back door to the kitchen was repaired with the addition of a door sweep. The 3 empty boxes were removed from the dry storage area. The opened box of peas and carrots and opened _____ of pork ribs in the freezer were covered and boxes were closed. The milk reach in cooler was cleaned and is free of food particles along the inside edges of the cooler. The Dietary Manager swept up the roaches and frog out of the electrical _____ Resident #87 and Resident #86 rooms were treated by Turner Pest Control for pests on _____. 2. NHA & Dietary Manager visually inspected dry food storage area to ensure no empty boxes present and the milk reach in cooler to verify it was clean. Conclerge Rounds were used for evaluation of resident rooms to ensure there were no additional pests in resident rooms.	

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

Michelle Huggins

Administrator

5/20/15

POC accepted 5/21/15 Dana Meyer

Agency for Health Care Administration

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N 110	<p>Continued From page 1</p> <p>the ice machine. A 1 inch gap was observed at the bottom of the back door to the kitchen. Photographic evidence obtained.</p> <p>The tour continued into the dry storage area, where three empty boxes were observed. There was an opened box of peas and carrots, and an opened box of pork ribs in the freezer, subject to contamination from anything leaking in the freezer and freezer burn. The lid on the milk reach in cooler had dirt and food particles along the inside edges of the cooler.</p> <p>In an interview on _____ at 11:05 am, the Food Service Manager confirmed that there was a large gap at the bottom of the back door, and that there was a puddle of water in front of the ice machine. She stated that water accumulated when ice was put into coolers to take out to the floors at meal times. She verified that there was a sandwich crust behind the ice machine that had been there since _____, and she swept it up.</p> <p>During tour of the kitchen at 7:35 am on _____ an electrical _____ observed that was accessible only from the kitchen through a wooden door. There were more than ten large _____ roaches and a _____ frog observed on the floor of the _____. The roaches were not dried out or dusty. Photographic evidence obtained.</p> <p>In an interview with Resident #87 on _____ at 11:32 am, he reported that he saw a live roach in his _____ the past couple of months. He said that it came into his _____ the hallway, and he killed it.</p> <p>A recently _____ cockroach was observed by a surveyor in Resident #86's</p>	N 110	<p>3. Re-education of Dietary Staff on proper storage preparation and distribution of food that establishes and maintains sanitary conditions during service. Daily cleaning schedule updated to include mopping under the ice machine and cleaning the lid on the milk reach in cooler. Staff will be re-educated regarding reporting any pests to the Administrator or Designee and logging in the Commercial Service Log for Turner Pest Control. At next Resident Council residents will be re-educated on informing staff if any pests are seen.</p> <p>4. Dietary Manager or Designee will complete audits 3 x weekly to ensure proper storage preparation and distribution of food. Findings of audits will be reported to QAPI committee monthly for 3 months and reviewed quarterly thereafter to ensure continued compliance. Dietary Staff, Maintenance Director or Designee will audit the electrical _____ pests on a daily basis for 8 weeks. Concierge Round appointees will conduct observations for pests every business day and report findings to NHA or Designee weekly x 8 weeks. Results of these audits will be presented to QAPI meetings for 3 months and reviewed quarterly thereafter to ensure continued compliance.</p>	

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N 110	Continued From page 2 On _____ at 11:05 am, the Food Service Manager confirmed that there was a problem with roaches that were in the electrical _____ of the kitchen. Review of the contract between the facility and the pest control company revealed that service was provided every two weeks. The last service date for the facility including kitchen, storage areas, lobby, common areas and entryways was _____	N 110			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Michelle Hennings, Administrator
First Coast Health & Rehabilitation Center
7723 Jasper Avenue
Jacksonville, FL 32211

Dear . Hennings:

On . 127-30, 2015, Recertification, Licensure and Life Safety Code surveys were conducted in your facility by representatives of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the Forms CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Forms. These forms reference the deficiencies that were identified during the visit.

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than , 2015.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.



Recommended Remedies:

Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed , 2015 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on , 2015 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

Informal Dispute Resolution:

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 9-A
Tallahassee, Florida 32308
FAX (850) 414-6946
or
Phone number: (850) 412-4301
IDRCordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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

, 2015

Page 3

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. If you have questions, please contact this office at (904) 798-4201.

Sincerely,

A handwritten signature in black ink, appearing to read 'KFoster'.

Kelley Foster, R.N.
Registered Nursing Consultant
Div. of Health Quality Assurance

CT/cw
Enclosures