

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/29/2016  
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11968881</b>	(X3) DATE SURVEY COMPLETED  <b>01/25/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>INGLESIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 INGLESIDE AVENUE JACKSONVILLE, FL 32205</b>	

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

**0000 Initial Comments**

On / a complaint investigation (CCR#2015000470) was conducted at Ingleside Retirement Home located at 1433 Ingleside Ave, Jacksonville, Florida 32205. At the time of the investigation deficient practice was found.

**0054 Medication - Records**

Based on interview and review of records, the facility failed to maintain a daily medication observation record(MORS) for 3 out of 5 residents (Resident #3, Resident #5 and Resident #9) who receive assistance with self-administration of medication.

1. On / a review of Resident #3 MORS revealed that the facility failed to document on the MORS whether or not Resident #3 received medication due to be taken at 8pm for the dates of 8-18, 2016.
2. On / a review of Resident #5 MORS revealed that the facility failed to document on the MORS whether or not Resident #5 received medication due to be taken at 1pm for the dates of 8-18, 2016.
3. On / a review of Resident #5 MORS revealed that the facility failed to document on the MORS whether or not Resident #5 received medication due to be taken at 8am for the dates of 16-18, 2016; 1pm for the period of 8-18,2016 and 8pm for the period of 3-18,2016.
4. On / a review of Resident #9 MORS revealed that the facility failed to document on the MORS whether or not Resident #9 received medication due to be taken at 8am for the dates of 12-18, 2016.
5. On / at 3:45 pm, an interview was conducted with the Owner/Operator of the facility. The Owner/Operator stated that she was not sure why the staff failed to document the MORS for Residents #3, Resident #5 and Resident #9.

CLASS III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview, the facility failed to ensure that all existing heating unit in the facility was maintained in good working order.

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1. According to the Accu-weather website temperatures in the Jacksonville, FL area for the period of [redacted], 2016 through [redacted], 2016 ranged from a low of 37 degrees to 52 degrees.
2. On [redacted] the internal temperature gauge that control the [redacted] for Resident #1, Resident #4 and Resident #5 read 54 degrees at 9:50 am.
3. On [redacted] at 10:20 am an interview was conducted with Resident #4 who stated that they have been without heat in their area of the building for 3-4 days.
4. On [redacted] the Facility was issued a warning citation by the Duval County Code Enforcement for failing to ensure that the heating unit was operating correctly.

CLASS III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2016

Administrator  
Ingleside Retirement Home  
1433 Ingleside Avenue  
Jacksonville, FL 32205

RE: CCR #2015000470

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2016 by a representative 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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Sandra Meyering, QIDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

VS/JM/sm  
Enclosure  
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