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

PRINTED: 02/15/2018 FORM APPROVED OMB NO. 0938-0391

CENTER	S FUN MEDICANE &	MEDICAID SERVICES				OIMB MC	7. 0536-0351
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION	(X3) DATE COMP	SURVEY
		105666	B. WING			1	0
		103000	D. 111110	_		1 01/	11/2018
LANIER T	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 2740 LANIER ROAD ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	- at Lanier. The facility is not in o	#2017014493, CCR 36, were conducted on					
F 580 SS=D	CFR(s): 483.10(g)(14) Notific (i) A facility must imm consult with the resid consistent with his or representative(s) whe (A) An accident involves physician interventior (B) A significant chan mental, or psychosodeterioration in health	cation of Changes. ediately inform the resident; ent's physician; and notify, her authority, the resident in there is- ving the resident which as the potential for requiring it ge in the resident's physical, ial status (that is, a i, mental, or psychosocial reatening conditions or	F	580			
	(C) A need to alter trea need to discontinue treatment due to adve commence a new for (D) A decision to tran resident from the faci §483.15(c)(1)(ii). (iii) When making noti (14)(ii) of this section, all pertinent informati	natment significantly (that is, e an existing form of erse consequences, or to m of treatment); or sfer or discharge the					

Electronically Signed

Any deficiency statement ending with an asterick (1) 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 runsing 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.

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

TITLE

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/15/2018

DEFAIL	WENT OF HEALTHAN	D HOMMIN SERVICES			FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	ETED.
		105666	B. WING		01/1	: 1/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			- 1	12740 LANIER ROAD		
LANIER T	ERRACE			JACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 580	resident and the resident resident and the resident that when there is. (A) A change in as specified in §483.* (B) A change in resident	also promptly notify the lent representative, if any, assignment (0(e)(6); or ant rights under Federal or not rights under Federal or not as specified in paragraph ecord and periodically nailing and email) and resident obsite distinct part. A facility stinct part (as defined in in its admission agreement ion, including the various te the composite distinct that apply to en its different locations in its offerent locations. It is not met as evidenced one, record reviews and failed to consult with the agarding a change in health erration in treatment for one	F 580	Without admitting or conceding eli existence or scope or severity of the deficiencies Lanier Terrace submit plan of correction in order to be in compliance with the Regulations. Resident #4 discharged on 2018 no corrective action can be to this time. Other Residents having the potent affected: All Residents residing in the facility have a change in condition have the	aken at lial to be	

A review of Resident #4's laboratory results from

potential to be affected by this deficient

PRINTED: 02/15/2018

TARENT OF DEFICENCES OF A BURDING SERVICES ONES TO SERVEY COMPLETED A PLAN OF CORRECTION OF PROVIDER OR SUPPLIER LANIER TERRACE PARIO GENERAL STATEMENT OF DEFICIENCES BY EACH DESCRIPTION NUMBER PROVIDER OR SUPPLIER LANIER TERRACE PARIO GENERAL STATEMENT OF DEFICIENCES BY EACH DEFICIENCES BY EACH DEFICIENCY MUST BE RECIDED BY FULL PRECLATORY OR ISO IDENTIFYING INFORMATION PRECEDED BY FULL PROVIDER OR SUPPLIER EACH DEFICIENCY MUST BE RECIDED BY FULL PRECLATORY OR ISO IDENTIFYING INFORMATION PRECEDED BY FULL PROVIDER SHAP OF CORRECTION GENERAL CORRECTION CANNOT BE CONTROLLED BY FULL PRECLATORY OR ISO IDENTIFYING INFORMATION PRECEDED BY FULL PRECEDED BY FULL PRECLATORY OR ISO IDENTIFYING INFORMATION OR INFORMATION PRECLATORY OR ISO IDENTIFYING INFORMATION OR I			ID HUMAN SERVICES					M APPROVED
DENTIFICATION NUMBER 105666 B. WING STREET ADDRESS. CITY, STATE, ZIP CODE 17/11/2018 STREET ADDRESS. CITY, STATE, ZIP CODE 17/29 LANIER ROAD JACKSONVILLE, FL 32226				_				
ANNER TERRACE STREET ADDRESS, CITY, STATE, 2IP CODE							COMP	PLETED
STREET ADRESS. CITY, STATE, ZIP CODE 12749 LANIER ROAD JACKSONVILLE, FL 92226 JACKSONVIL			105666	B. WING			1	-
ANIER TERRACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PREFIX TAG PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUD BE (EACH DEFICIENCY) 10 PREVIOURS PLAN OF CORRECTION ASSOLUTED PROVIDED PROVIDED PROPORTION ASSOLUTED PROVIDED PROVI	NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 011	11,2010
SUMMARY STATEMENT OF DEFICIENCIES 10 PROVINCE ACTION SHOULD BY PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETEX TAG PROVINCE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ON THE PROVINCE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ON THE PRECED BY PILL PRETEX PRECED BY PILL PRECED BY PILL PRECED BY PILL PRETEX PRECED BY PILL PREC					1	2740 LANIER ROAD		
F 580 Continued From page 2 F 580 Go 0AM, revealed the following abnormal results: is amber & cloudy, 1+	LANIER TI	ERRACE			J	ACKSONVILLE, FL 32226		
F 580 Continued From page 2 @ 6:00 AM, revealed the following abnormal results: is amber & cloudy, 1+								(X5)
abnormal results: is amber & cloudy, 1+ Leukcoyte Esterses 3+, Protein 1+, Red Count () 5-10 (reference range 0-4) clumps many, trace (reference range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been verythis evening, Resident has been verythis evening, Resident has been bed for writer's shift. Vital signs, 90 pulse, 16, and temperature 98.5. Resident would murnble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eat her dinner. Staff will continue plan for the physician was notified. A nurse's note dated@ 3:22 PM read, "Resident is alert with atomy (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated@ 3:22 PM read, "Resident ai sairt with read, "Resident ai rerived at facility at 8:30 PM. Resident appeared Resident's pulse 87, temperature 102.7, Brown of cares. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated@ 3:22 PM read, "Resident ai rerived at facility at 8:30 PM. Resident appeared Resident's pulse 87, temperature 102.7, The ADO N will pulse condition in softination of change in condition in softimation of Change in condition is being continuited. Measurements or systemic changes: Licensed Nurses received in-service training on						CROSS-REFERENCED TO THE APPROPRI		DATE
abnormal results: is amber & cloudy, 1+ Leukcoyte Esterses 3+, Protein 1+, Red Count () 5-10 (reference range 0-4) clumps many, trace (reference range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been verythis evening, Resident has been verythis evening, Resident has been bed for writer's shift. Vital signs, 90 pulse, 16, and temperature 98.5. Resident would murnble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eat her dinner. Staff will continue plan for the physician was notified. A nurse's note dated@ 3:22 PM read, "Resident is alert with atomy (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated@ 3:22 PM read, "Resident ai sairt with read, "Resident ai rerived at facility at 8:30 PM. Resident appeared Resident's pulse 87, temperature 102.7, Brown of cares. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated@ 3:22 PM read, "Resident ai rerived at facility at 8:30 PM. Resident appeared Resident's pulse 87, temperature 102.7, The ADO N will pulse condition in softination of change in condition in softimation of Change in condition is being continuited. Measurements or systemic changes: Licensed Nurses received in-service training on	F 580	Continued From page		_	รยก			
abnormal results: is amber & cloudy, 1+ Leukocyte Estersae 3-, Protein 1+, Red Count () 5-10 (ref range 0-4) White count () 5-10 (ref range 0-4) White count () 5-10 (reference range 0-4) clumps many, trace (reference range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been or very this evening, Resident has been in bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5 Resident would mumble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident for the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident ais alert with Power of attorney (POA) informed that resident refused 9:00 AM medications, resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's at 11:51 PM route pulse 87, temperature 102.7, at 12:51 PM route pulse 87, temperature 102.7, at 12:	, 000	oontiniood i rom page		,	300			
Leukocyte Esterase 3+. Protein 1+. Red Count () 5-10 (ref range 0-4) White count () 5-10 (ref range 0-4) White count () 5-10 (reference range 0-4) clumps many, trace (reference range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been in bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eat her dinner. Staff will continue to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is allert with Power of attorney (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's an unit of the province of training on 2018 by the ADON on Proper Documentation of Change in Condition. The North Wing Unit Manager and South Wing Unit Manager will review of the physician was notified. Physician/ARNP, this will be done by Each Unit Manager will review of the documentation will be completed by each Unit Manager, Each Unit Manager will be responsible to address as noted out the staff will provide continuing education and disciplinary actions if needed. The Unit managers will then submit the Completed Daily Facility Activity Reports to the ADON daily. Activit								
Count (
count () 51-100 (reference range 0-4) clumps many, trace (reference range negative), cells (reference range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been wery with sevening, Resident has been in bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eat her dinner. Staff will continue but monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at racility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at 7:02.7, and the mornitum of the physician was notified of the residents refusal at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Residents are collisions of the Unit Managers and South Wing Unit Manager will review documentation of change in condition. The North Wing Unit Manager will review documentation of change in condition of change in condition of change in condition. The North Wing Unit Manager will review documentation of the physician was notified. Measurements or systemic NaDON on Prope Documentation of Change in Condition. The North Wing Unit Manager will review documentation dull be cometted to Physician/RNP; this will be done by Each Unit Manager; E							ang	
clumps many, trace (reference range negative). (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been over y this evening, Resident has been in bed for writer's shift. Vital signs, 90 pulse, 16, and temperature 98.5. Resident provided to the physician was notified. The shift will be the provided that some one uncovered her legs. This evening the resident did not budge or make noise. Resident to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with attorney (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at 7:51 PM read, "Resident arrived at 87, temperature 102.7, across both units for change in condition on the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's across both units for change in condition on the physician was notified of the resident's refusal of medications.						communicated.		
range negative), cells (reference range 0-4) many present. A review of nurses' notes for Resident #4 dated						Magaziramente or evetamic changes:		
(reference range 0-4) many present. A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been in bed for writer's shift. Vital signs, 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not budge or make noise. Resident did not budge or make noise. Resident monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at 7:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at 7:51 PM read, "Resident arrived at 87, temperature 102.7, and the monitoring in condition of Change in Condition. The North Wing Unit Manager and South Wing Unit Manager will review documentation dor hange and South Wing Unit Manager will review documentation dor hange and South Wing Unit Manager and South Wing Unit Manager will review douth wing Unit Manager and South Wing Unit Manager will review definition of change in condition and the notification thereof. This will be added to the daily responsibilities of the Unit Managers. ADON will conduct weekly random audits for								
A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been very this evening. Resident has been in bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at 57, temperature 102.7, and the monithy for 3 months, and then monthly for 3 months across both units for change in condition of change in and South Wing Unit Manager will review daily documentation of change in condition of change in condition and the notification for surveys. The Review of the documentation of change in condition is communicated to Physician/ARNP; this will be done by Physician/ARNP; this will be done by Physician/ARNP; this will be done by Physician/ARNP; this will be damager municated to Physician/ARNP; this will be da							OON	[
A review of nurses' notes for Resident #4 dated at 11:23 PM read, "Resident has been in bed for writer's shift. Vital signs, 90 pulse, 16, and temperature 92.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not budge or make noise. Resident did not budge or make noise. Resident monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications, resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refused of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at 7:50 PM. Resident arrived at 87, temperature 102.7, and South Wing Unit Manager will review did not make the properties of the documentation will be completed by each Unit Manager. Fach Unit Manager will then submit the Completed Daily Facility Activity Reports to the ADON daily. Activity		(rotorottoo rango o 1)	, many processing					
at 11:23 PM read, "Resident has been wery this evening. Resident has been in bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident the physician was notified. A nurse's note dated @ 3.22 PM read, "Resident is alert with Prower of attorney (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident appeared . Resident's morning in condition in the provision of change in condition of change in condition is communicated to Physician/ARIP, this will be done by Each Unit Manager running the Facility Activity Report which lists all Progress Notes within last 24 hours. The Review of the documentation in the prolification of change in condition and size of the 2 physician was notified. A nurse's note dated at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared . Resident's morning in condition in the prolification of change in condition of change in condition and the notification thereof. This will be added to the daily responsibilities of the Unit Manager in the physician was notified.		A review of nurses' n	otes for Resident #4 dated					
very this evening, Resident has been in bed for writer's shift. Vital signs . 90 pulse, 16, and temperature 98.5. Resident would mumble something at times but did not move much. She would not take her oral medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eather dinner. Staff will continue to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at racility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at 7, pulse 87, temperature 102.7, across both units for change in condition of change in condition and the notification the physician was notified of the residents refused at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's arrived at facility at 8:30 PM. Resident arrived at 7, pulse 87, temperature 102.7, across both units for change in condition of change in condit								
bed for writer's shift. Vital signs 90 pulse, 16, and temperature 98.5. Resident would murnble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident to monitor resident." There was no documentation the physician was notified. A nurse's note dated 9.3:22 PM read, "Resident is alert with attorney (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's essident's pulse 87, temperature 102.7, and resident refused to facility at 8:30 PM. Resident appeared Resident's more than the province of the date of the daily responsibilities of the Unit Manager. ADON will conduct weekly random audits for six weeks, then bi-monthly for 3 months across both units for change jin condition.								
would mumble something at times but did not move much. She would not take her oral medications this evening, Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident to the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with actions for needed. The Unit managers will then submit the Completed Daily Facility Activity Reports to the ADON daily. Resident is alert with a submit the Completed Daily Facility Activity Reports to the ADON daily. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's Resident's Passident's Resident's Resident's pulse 87, temperature 102.7, across both units for change in condition						of change in condition is communicate	d to	
move much. She would not take her oral medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident in did not eat her dinner. Staff will continue to monitor resident. There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is aliert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident refused 9:00 AM medications; resident refused PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's across both units for change in condition and the motification thereof. This will be added to the daily responsibilities of the Unit Manager. ADON will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. Resident appeared Resident's across both units for change in condition on the monitoring to ensure the deficient practice will not recur. North Wing Unit Manager and South Wing Unit Manager. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's across both units for change in condition on the foreign in condition on the notification thereof. This will be added to the daily responsibilities of the Unit Manager.						Physician/ARNP; this will be done by		
medications this evening. Resident usually wakes up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications, resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refused of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident arrived at 87, temperature 102.7, across both units for change in condition		would mumble somet	thing at times but did not			Each Unit Manager running the Facility	y	
up and states that she is or gets upset that someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not eat her dinner. Staff will continue to monitor resident. There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is aliert with 9:00 AM medications, resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's monthly for 3 months, and then monthly for 3 months across both units for change in condition		move much. She wou	ild not take her oral			Activity Report which lists all Progress		
someone uncovered her legs. This evening the resident did not budge or make noise. Resident did not budge or make noise. Resident did not eat her dinner. Staff will continue to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident appeared Resident's months and the monthly for 3 months, and then monthly for 3 months across both units for change in condition		medications this ever	ning. Resident usually wakes			Notes within last 24 hours. The Revie	w of	
resident did not budge or make noise. Resident and did noise in monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's months, and then monthly for 3 months, and then monthly for 3 months across both units for change in condition						the documentation will be completed by	/y	
did not eat her dinner. Staff will continue to monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the residents refused of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's monitoring to ensure the deficient practice will not recur. North Wing Unit Manager and South Wing Unit Manager and South Wing Unit Managers and South Wing Unit						each Unit Manager; Each Unit Manage	ər	
monitor resident." There was no documentation the physician was notified. A nurse's note dated @ 3.22 PM read, "Resident is silent with Power of attorney (POA) informed that resident refused 9.00 AM medications, resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident aprived at facility at 8:30 PM. Resident appeared Resident's months, and then monthly for 3 months across both units for change in condition								
the physician was notified. A nurse's note dated								
A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's monthly for 3 months, and then monthly for 3 months, and then monthly for 3 months across both units for change in condition								
A nurse's note dated @ 3:22 PM read, "Resident is alert with Power of attorney (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's months, and then morthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks, then bi-monthly for 3 months across both units for change in condition of six weeks.		the physician was no	tified.					
read, "Resident is alert with Power of attorney (POA) informed that resident refused 9.00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12.00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident arrived at facility at 8:30 PM. Resident appeared Resident's months, and then monthly for 3 months, and then monthly for 3 months, across both units for change in condition of six weeks, then bi-monthly for 3 months, and then monthly for 3 months across both units for change in condition			0.000.004				ity	
attomey (POA) informed that resident refused 9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM, Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared is — Resident's Resident appeared Resident refused of selection will not recur. North Wing Unit Manager and South Wing Unit						Activity Reports to the ADON daily.		
9:00 AM medications; resident preferred to sleep. Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's ispulse 87, temperature 102.7, across both units for change in condition ADON will conduct weekly random audits for six weeks, then bi-monthly for 3 months, and then monthly for 3 months across both units for change in condition						Atanitasias ta anno 15 tha defining to anno	41	
Resident left the facility with the daughter at 12:00 PM. Will continue plan of care. There was no documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's resident's months, and then monthly for 3 months across both units for change in condition and the notification thereof. This will be added to the daily responsibilities of the Unit Managers. ADON will conduct weekly random audits for six weeks, then bi-monthly for 3 months, and then monthly for 3 months across both units for change in condition								
PM. Will continue plan of care. There was no daily documentation for change in condition and the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM ADON will conduct weekly random audits read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident arrived at 7. Resident's months, and then monthly for 3 months arcss both units for change in condition								
documentation the physician was notified of the resident's refusal of medications. A nurse's note dated at 11:51 PM read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's monthly for 3 months, and then monthly for 3 months, and then monthly for 3 months, and then monthly for 3 months across both units for change in condition							CW	
resident's refusal of medications. A nurse's note dated read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's months, and then monthly for 3 months ispulse 87, temperature 102.7,								
A nurse's note dated at 11:51 PM aDON will conduct weekly random audits read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's monthly for 3 months, and then monthly for 3 months across both units for change in condition								
A nurse's note dated at 11:51 PM aDON will conduct weekly random audits fread, "Resident arrived at facility at 8:30 PM. for six weeks, then bi-monthly for 3 months, and then monthly for 3 months, and then monthly for 3 months across both units for change in condition								
read, "Resident arrived at facility at 8:30 PM. Resident appeared Resident's months, and then monthly for 3 months, and then monthly for 3 months across both units for change in condition		A nurse's note dated	at 11:51 PM				dits	
Resident appeared Resident's months, and then monthly for 3 months across both units for change in condition								
is, pulse 87, temperature 102.7, across both units for change in condition							s	

mg (milligrams) and Dr. notified and gave order

was communicated to the appropriate

PRINTED: 02/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	105666	B. WING	C
	103000	D. 17710	01/11/2018

		105666	B. WING _		01/11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LANIER T	EDDACE			12740 LANIER ROAD	
LANIER	ERRACE			JACKSONVILLE, FL 32226	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 580	emergency was admitted for acut pancytopenia. The H read, 'Re wanderer and over th read, 'Re wanderer and over th gradually become les finally her family wan Emergency departme able to feed or dress A review of revealed the following 30+. positive, -12 (r 78 (refere clumps 2 (reference ran 4 (A) (reference rang e) A nurse's noted dater read, 'Resident was I normal day she would facility, however that i .97% 18, 98. s slow with her movem documentation to indi made aware of the re A nurse's note dated 'Resident was given remains to have the s physician assistant w	to the hospital." scords for Resident #4's revealed that the resident e	FS	party. All audits (daily as well as the random ADON audits) will be submitted DON or designee weekly. The DON we report the findings of the audits to QAP and QA monthly meeting for three mon and then quarterly for three quarters.	II I

PRINTED: 02/15/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES STA

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
			С
	105666	B. WING	04/44/2049

105666 01/11/2018

		105000	D. WING	_		01/	11/2018
NAME OF F	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
LANGER	EDDACE			1	2740 LANIER ROAD		
LANIER T	EKKACE			١.	ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	(X5) COMPLETION DATE
F 580	A nurse's note dated revealed that due to f was sent to the hospi mental status. A review of the physic revealed no documer becoming on to the change in the revealed no documer becoming. A review of a Physicia (after resis "Patient reported) to disability to feed or dre asked to transfer her assessment. The patient transfer her assessment. The patient transfer her converted to A review of facility carevaled the resident complications related pain, Intervent limited too: Give med toilet as needed, enordered, and report s	at 3:51 PM amily's request, resident tal due to a change in ciain's progress notes tatation of the resident rany physician's visits due esident's status. an Assistant note dated dent hospitalization) read, eveloped a along with ses herself, and her daughter to acute care hospital for enti was apparently treated () and her daughter to acute care hospital for rent was apparently treated for 5 days." re plan for Resident #4 was at risk for to incontinence, such as (), and does not continence, such as (), and does not content where not s (medications) as ordered, jurvage fluids, obtain labs as	F	580			
	Assistant (PA), on stated that a resident for a positi culture came back po symptoms. If the resident						

confirmed the facility staff did not notify him that Resident #4 was . . . , and had a change in

PRINTED: 02/15/2018

		ID HUMAN SERVICES				M APPROVED
		MEDICAID SERVICES				O. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION 3		E SURVEY PLETED
		105666	B. WING		01	C 1/11/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER T	EDDACE			12740 LANIER ROAD		
LANIER I	ERRACE			JACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 580	they had told me that	stated, "I don't recall, but if , I would have treated her." resident was admitted to	F 51	90		
F 675 SS=D	applies to all care an residents. Each resic facility must provide t necessary care and s the highest practicabl psychosocial well-bet resident's compreher of care. This REQUIREMENT by: Based on observatio interviews, the facility necessary care and s the highest practicabl psychosocial well-bet and #5) out of 7 sam; by a failure to assertion of the well-bet and #5) out of 7 sam; by a failure to session follow up appropriate identify changes in pt. status status status.	damental principle that 3 services provided to facility lent must receive and the he revices to attain or maintain e physical, mental, and ng, consistent with the sive assessment and plan in it is not met as evidenced ns, record reviews and failed to provide the revices to attain or maintain e physical, mental, and ng for two (Residents #4) bled residents are videnced for change in status and y. Failure to assess and	F 6	Without admitting or conceding a existence or scope or severity of deficiencies, Lanier Terrace submiplan of correction in order to be in compliance with the Regulations. Resident #4 discharged on 2018 no corrective action can be this time. Resident #5 discharged , 2018 no corrective at be taken at this time. Other Residents having the poter	taken at on can	
		Resident #4 revealed a		affected: All Residents residing in the facilit have a change in condition and re proper follow up have the potentia	equire	

PRINTED: 02/15/2018

		ID HUMAN SERVICES MEDICAID SERVICES					MAPPROVED 0. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) M(4)	TIPLE	CONSTRUCTION	(X3) DATE	
	CORRECTION	IDENTIFICATION NUMBER:			oblighted to the control of the cont		LETED
						Ι.,	С
		105666	B. WING			1	11/2018
NAME OF P	ROVIDER OR SUPPLIER			S'	TREET ADDRESS, CITY, STATE, ZIP CODE		7112010
				12	2740 LANIER ROAD		
LANIER T	ERRACE			J	ACKSONVILLE, FL 32226		
(X4) ID		ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		COMPLETION DATE
					DEFICIENCY)		
F 675	Continued From page	. 6	_	675			
		included unstable	,	013	affected by this definions provides. Com		
		v in walking, and muscle			affected by this deficient practice. Cur Resident charts are being monitored to		
	,, , umcun	y iii waikiiig, and muscle			ensure proper notification of change in		
					condition is being communicated and t		
	A review of Resident	#4's laboratory results from			follow up is appropriate for the situation		
		M, revealed the following					
		is amber & cloudy, 1+			Measurements or systemic changes:		
	, Leukocyte Este	erase 3+, Protein 1+, Red			Licensed Nurses received in-service		
	Count () 5	-10 (ref range 0-4) White			training on ,, 2018 by the AE	NO	
		1-100 (reference range 0-4)			on Proper Documentation of Change in	3	
		trace (reference			Condition. The North Wing Unit Manag		
	range negative), ,				and South Wing Unit Manager will revi		
	(reference range 0-4)	many present.			documentation daily to ensure notificat		
					of change in condition is communicate	d to	
		otes for Resident #4 dated			Physician/ARNP; this will be done by		
		M read,"Resident has been			Each Unit Manager running the Facility Activity Report which lists all Progress	/	
	bed for writer's shift.	ening. Resident has been in Vital signs , 90 pulse,			Notes within last 24 hours. The Review	w of	
		emperature 98.5. Resident			the documentation will be completed b		
		hing at times but did not			each Unit Manager; Each Unit Manage		
	move much. She wou				will be responsible to address as		
		ning. Resident usually wakes			necessary. The ADON will provide		
		e is or gets upset that			continuing education and disciplinary		
		her legs. This evening the			actions if needed. The Unit managers	will	
	resident did not budge	e or make noise. Resident			then submit the Completed Daily Facili	ty	
	did not eat her dinner	. Staff will continue to			Activity Reports to the ADON daily. Th	e	
	monitor resident." Th	ere was no documentation			Risk Manager received in-service train		
	the physician was not	tified.			from the Corporate Nurse Consultant of	n	
					how to properly maintain the		
	A nurse's note dated				Accident/Incident Report Log.		
		rt with Power of			Monitoring to ensure the deficient prac		
		ned that resident refused			will not recur: North Wing Unit Manag		
		resident preferred to sleep.			and South Wing Unit Manager will revi	ew	
		ity with the daughter at 12:00			daily documentation for change in		
		n of care. There was no			condition and the notification thereof.		
		nysician was notified of the			This will be added to the daily		
	resident's refusal of n	redications.			responsibilities of the Unit Managers.		
			1		ADON will conduct weekly random aud	urg	

A nurse's note dated

at 11:51 PM

for six weeks, then bi-monthly for 3

		D HUMAN SERVICES MEDICAID SERVICES					APPROVED 0.0938-0391
TATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMP	
		105666	B. WING				11/2018
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER TI	ERRACE				2740 LANIER ROAD		
				J.	ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIL DEFICIENCY)		(X5) COMPLETION DATE
F 675	Resident appeared is pig. 20. Resident appeared 20. Resident for resident to be sent for resident to be sent and a sent	d at facility at 8:30 PM	F	675	months, and then monthly for 3 months across both units for change in condition documentation and to ensure notificated was communicated to the appropriate party. Corporate Nurse Consultant or designee will conduct monthly audit of Accident/incident Report Log to ensure Accident/incidents are listed on the Report Log. This audit will be done by running a Monthly Summary of Events Report. All audits will be submitted to DON or designee weekly. The DON wreport the findings of the audits to QAF and QA monthly meeting for three mor and then quarterly for three quarters.	on on the e all	
		sident's change in status.					

A nurse's note dated

"Resident was given all medications and still

at 1:56 PM read,

PRINTED: 02/15/2018

PRINTED: 02/15/2018 DEPARTMENT OF HEALTH AND HISMAN SERVICES ST

DEPARTMENT OF HEALTH AND HUMAN SERVICES							
ENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-0391				
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
			С				
	105666	B. WING	01/11/2018				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 675 Continued From page 8 F 675 remains to have the slow movement. The physician assistant was made aware of the behavior. Resident did not eat her food today as well." A nurse's note dated revealed that due to family's request, resident was sent to the hospital due to a change in mental status. A review of the physician's progress notes revealed no documentation of the resident becoming or any physician's visits due to the change in the resident's status. A review of a Physician Assistant note dated (after resident hospitalization) read. "Patient reportedly developed a inability to feed or dress herself, and her daughter asked to transfer her to acute care hospital for assessment. The patient was apparently treated) and then with Intra-(converted to ... , for 5 days." A review of facility care plan for Resident #4 revealed the resident was at risk for complications related to incontinence, such as pain. (), and . Interventions included but were not limited too: Give meds (medications) as ordered, toilet as needed, encourage fluids, obtain labs as

spasms, etc.),"

Assistant (PA), on

ordered, and report signs of

. . . , urgency, frequency, and

During an interview with Employee B, Physician

stated that a resident was not started on for a positive . . . culture unless the

AN

Facility ID: 41616

(acute

at 12:50 PM, he

PRINTED: 02/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES

S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	0. 0938-0391
OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY
	105666	B. WING			C /11/2018
ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD JACKSONVILLE, FL 32226		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETION DATE
culture came back po symptoms. If the resis another test wo confirmed the facility Resident #4 was her mental status. He they had told me that The PA confirmed the the hospital with acut	sitive and they were having dent was having symptoms , uld be obtained. The PA staff did not notify him that and had a change in stated, "I don't recall, but if , t would have treated her." resident was admitted to e on	F 67	5		
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR I COntinued From page culture came back pc symptoms. If the rasis another test wo confirmed the facility Resident #4 was her mental status. He they had told me that The PA confirmed the the hospital with acut	CORRECTION IDENTIFICATION NUMBER: 105666 ROVIDER OR SUPPLIER	IN DEFICIENCIES (X1) PROVIDERGUPPLERACULA DENTIFICATION NUMBER: 105666 B. WING ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION; Continued From page 9 culture came back positive and they were having symptoms, if the resident was having symptoms another. Lest would be obtained. The PA confirmed the facility staff did not notify him that Resident #4 was and had a change in her mental status. He stated, "I don't recall, but if they had told me that, I would have treated her." The PA confirmed the resident was admitted to the hospital with acute on	DEFICIENCIES CX1 PROVIDERS UPPLIES CLIA IDENTIFICATION NUMBER DEFICIENCY DEFICIENCY	S FOR MEDICARE & MEDICAID SERVICES OMB MC P DEPCIENCISES CORRECTION (X1) PROVIDER SUPPLEMENTATION NUMBER 1050HTRICATION NUMBER A BUILDING STREET ADDRESS. CITY, STATE, ZIP CODE 1273 LANIER ROAD JACKSONVILLE, FL. 32226 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 culture came back positive and they were having symptoms. If the resident was having symptoms another test would be obtained. The PA confirmed the facility staff did not notify him that Resident #4 was and had a change in her mental status. He stated, "I don't recall, but if they had told me that, I would have treated her." The PA confirmed the resident was admitted to the hospital with acute on

date of admission of

included but were not limited to late effect leg , , and ,

A nurses progress note for Resident #5 dated read, "CNA (certified nursing assistant) notified this writer around 1:30 PM of change in the resident leg after she gave her a shower. Resident left leg is flaccid, slightly around the knee joint, and is not warm to

touch. During assessment the resident has no complaints of pain at this time. Medical Doctor (MD) notified and orders for a stat X-RAY of the left leg received."

A review of the portable X-ray report for Resident #5 dated @ 3:02 PM read, "There is an acute ... of the seen. Old healed injuries of the _ _ _ and are noted. Mild to moderate

(..._) noted.

A review of nurses progress note dated at 8:00 PM (late entry 12:32 AM) reads, "Resident received a stat X-ray of the left knee at 5:00 PM. Results are there is

PRINTED: 02/15/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES ST

ENTERS FOR MEDICARE & MEDICAID SERVICES O						
D DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	105666	B. WING		01/11/2018		
VAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			

	100000		B. WING			01/	11/2018
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
				١,	2740 LANIER ROAD		
LANIER T	ERRACE			١.	ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES * MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ę	(X5) COMPLETION DATE
F 675	is seen. bone Writer as now noted slightly big as a review of the facility revealed no listing of Resident #5 sustained receiving a shower for An interview with the on at confir the for Reside Accident/Incident log. spontaneous/, nothing we could hav confirmed the facility investigation and was information that Residerevaled her spontaneous/, X-ray report for Reside Chotographic eviden A review of the facility Accident/Incident investigation of the facility Accident/Incident investigation and due considered spontanec and the considered spontanec and the read, "Feport all accidents or Supervisor/Charge N. Types of incidents and a considered spontanec dated read, "Feport all accidents or Supervisor/Charge N. Types of incidents/accidents/	of the	F	675			
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(2)		F	919			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/15/2018

041111111	MENT OF THE CONTRACTOR	ID HOMAN SERVICES			FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		105666	B. WING		C 01/11/2018
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			1	12740 LANIER ROAD	
LANIER TERRACE				JACKSONVILLE, FL 32226	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 919	Continued From page	e 11	F 91	a di la companya di l	
	residents fo call for st communication syste directly to a staff men work area. \$483.90(g)(2) Toilet a This REQUIREMENT by: Based on observatio interviews, the facility where equipped to ce through a communica- call directly to a centr residents (Residents nursing station, and r A & B, 702 C, 703 A & B, 201 A, and 102 B) all 116 residents curr	dequately equipped to allow aff assistance through a m which relays the call where or to a centralized staff and bathing facilities. It is not met as evidenced ns. record reviews, and staff failed to ensure residents lif for staff assistance through the staff work area for 14 #19, #7, the North Wing esidents in 401, 701 & 8, 705 B, 707 A, 710, 407 with the potential to affect antily living in the facility due component of the call light		Without admitting or conceding existence or scope or severity of deficiencies, Lanier Terrace subriplan of correction in order to be i compliance with the Regulations. Residents in, 701a-b, 703a-b, 705b, 707a, 710, 407b, 102b - manual call belis were plain the facility and 15-minuresident checks were implement residents on until call was repaired.	the milits this n n d OO2c, 201a and ceed in all tee and for all
	8:34 AM of the dietar breakfast tray for Res not able to set up her surveyor obtained pe activate her call light This surveyor activate #19 onat 8 left resident members walking by	onducted on at y staff delivering the sident #19. The resident was breakfast tray and this mission from the resident to to request assistance. and the call light for Resident to the call light for Resident to the call light for Surveyor then observed multiple staff the asswering g the resident assistance.		Other Residents having the poter affected: All Residents residing in the facil the potential to be affected by the practice. On a 100 was performed on the call light should resident call lights throughout facility were checked for proper for by authorized service provider. revealed all lights were properly functioning at the time of the aud corrective action needed.	ity have e deficient % audit ystem. the unction The audit

PRINTED: 02/15/2018

		ID HUMAN SERVICES MEDICAID SERVICES					NO. 0938-0391
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED
		105666	B. WING			C 01/11/2018	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1:	2740 LANIER ROAD		
LANIER T	ERRACE			J.	ACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 919	This surveyor then wifer the North Wing an heard for the call light An interview with Em (RN), on audible alarm could be station for the call light Resident #19. An interview was con An with Employee E. (CNA), and Employee alarm for the call light the North Wing and smaintenance. An interview with the on at 8:39 alarm for the call light was not alarming at it wisualized on the cell in on audible a visualized on the cell wind the condition on at 8:39 alarm for the call light was not alarming at it wisualized on the cell wind the condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a condition of the cell will be a condition on a cell will be a cell	alked to the nurses station of no audible alarm could be for Resident #19. Doloyee D, Registered Nurse It 8:36 AM, confirmed no en heard at the nurses' at that was activated for the state of the stat	F	919	Measurements or systemic changes: All staff will be in-serviced by ADON the proper procedure to notify management of any call light failure. Authorized Service Provider added additional audible speakers in seven locations throughout the facility and changed the tone of the ringer to a lo audible sound. Checking the call light functionality and sudible sound will be added to the routine maintenance tar utilizing the Call Light Monitoring to ensure the deficient pre will not recur: Maintenance Director or designee will not recur: Maintenance Director or designee will randomly audit call lights for function and audible once a week times four weeks, then semi-monthly, and then return to systematic monthly audit. T findings will be reported to the Administrator. The Administrator or designee will report the findings of at a monthly QAPI and QA meetings for three months and quarterly for 3 qua	on uder hts for e sk list form. actice Il ality The	
		A & B was activated on , and both the audible and found not functioning.					

PRINTED: 02/15/2018

DEPARTMENT OF HEALT							MAPPROVED
CENTERS FOR MEDICARI	. &						D. 0938-0391
FATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		PLE CONSTRUCTION	COME	SURVEY PLETED
		105666	B. WING	_			/11/2018
NAME OF PROVIDER OR SUPPLIER				Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		
LANIER TERRACE					12740 LANIER ROAD		
LANIER TERRACE					JACKSONVILLE, FL 32226		
PREFIX (EACH DEFIC	ENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPT DEFICIENCY)	BE	(X5) COMPLETION DATE
Employee F, Lice confirmed the cal were not working. The call light for I at 8:48 functioning. An in conducted at that was not working. The call light for I at 8:49 interview with Err assistant (CNA), time confirmed the confirmed the confirmed that working. An interview was at 8:53 not working. An interview was a 19:05 not been working stated, "We have doesn't work. It w doesn't work aga had to sit in her olong wait time to long wait time to a dubble alarm for audible alarm for audible alarm for audible alarm for a distance of the working.	nseed light of AM dervice times of AM and the can all the conditions of AM and the can all the conditions of AM and the can all the can al	at 8:47 AM with d practical Nurse (LPN), to practical Nurse (LPN), to practical Nurse (LPN), as a bed as activated on and was observed not ew with Employee F was a and confirmed the call light as a band confirmed the call light as a band confirmed the call light as a band confirmed the call light was observed nursing the Administrator at that II light was not working. B bed was activated on and was found not with Employee H, CNA on confirmed the call light was clucted for Resident #7 on confirmed the call light has a long period of time. She them so many times that it was for awhile, but then it fine resident confirmed she eces and due to the issistance.	F	9	19		

The call light for ... A was activated on

	MENT OF HEALTH AN						FORM	D: 02/15/2018 M APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SE	RVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/S	UPPLIER/CLIA ON NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION G		PLETED
		1	05666	B. WING	_		1	C /11/2018
NAME OF P	ROVIDER OR SUPPLIER				Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
					1	12740 LANIER ROAD		
LANIER T	ERRACE				L	JACKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	SUMMARY STI (EACH DEFICIENC REGULATORY OR L		DED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD IS CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 919	Continued From page	. 14		_	91	10		
, 510	o o non o o o no o o pogo				91	19		
	at 9:45 AM							
	ceiling outside the no audible alarm coul		o be lit, but					
	An interview with Emp	nlovee C. I.PN	on					
	at 9:48 AM confirmed							
	was activated but Employee C was not able to hear the audible alarm at the South Wing nurses'							
	station.							
	An audit was conduct	ed of the facilit	v call light					
	system by this survey							
	following call lights we	ere not function	ning:					
	on at 11: 1: found not working.	5 AM	. A bed was					
	on at 11: 1' found not working.	7 AM	A bed was					
	on at 11:18	AM	both A & B					
	bed and the working.	. lights wer	e not					
	on .2018 at 11:20	AM	C bed was					
	not working.							
	on at 11: 2		call light					
	was found not working							
	on at 12:15	5 PM	B bed was					
	found not working.							
	on at 12:07	PM	B bed was					
	found not working.							
	An interview with Emp	olovee K. Main	tenance					
	Director, on	at 11:32 AM						
	had been the mainter							
	and during that time h							
	audits on the call light							

An interview with Employee I, CNA, on . at 11:55 AM confirmed she could only see the call light which is lit on the ceiling and never paid

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/15/2018 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES						O. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION		E SURVEY MPLETED
		105666	B. WING _			0	C 1/11/2018
NAME OF PR	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
LANIER TI	ERRACE				© LANIER ROAD CKSONVILLE, FL 32226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFID TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION DATE
F 919	attention to the audible An interview with Emg at 12:00 Pf not standing by the ni hear the call light sou whether Employee F wasn't word thought it was fixed. months ago. We have the call lights. Sometord and it affects the An interview with Emg at 12:00 Pf shortages in the call irresidents' The knew that a resident occuldn't hear the audit An observation was c LPN, on at she could not hear the activated at the Northshe was standing adj. An interview with Emg 12:00 Pf was 12:00 Pf	le alarm. ployee F, LPN, on M confirmed that if you were urses' station you couldn't inding. When asked knew that the call light for king, Employee F replied, "I Maintenance was told be been having issues with times the bed touches the call light coming on." ployee H, CNA, on M stated, "There are wire light. In some of the e employee confirmed she was asking for assistance by the ceiling, but said she lible alarm. conducted of Employee F, 12:08 PM, which confirmed e audible alarm that was is Wing nurses' station that acent to. ployee J, CNA, on d she did not know the a larm to the call light to walk into the hallway to	FS	919			
		and receive assistance. He					

stated that she waited so long that she had soiled

PRINTED: 02/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED ST 40

			FORWAFFROVE				
CENTERS FOR MEDICARE & MEDICAID SERVICES O							
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
			С				
	105666	B. WING	01/11/2018				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 919 Continued From page 16 F 919 herself waiting to be assisted. "I don't know if it's because it doesn't work, but it takes a long time for her to get help."

PRINTED: 02/15/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B MING 41616 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 000 INITIAL COMMENTS N 000 Unannounced complaint surveys, CCR #2017014480. CCR #2017014493. CCR #2017015291 and CCR #2018000036, were conducted on Lanier Terrace (Lic #12880962) had deficiencies identified at the time of the visit. N 110 400.141(1)(h) FS; 59A-4.122(1) FAC Physical N 110 SS=D 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 licensee must 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 observations, record reviews, and staff Without admitting or conceding either the interviews, the facility failed to maintain the facility existence or scope or severity of the deficiencies, Lanier Terrace submits this premises and equipment, and conduct its operations in a safe manner by failing to ensure plan of correction in order to be in residents where equipped to call for staff compliance with the Regulations. assistance through a communication system which relayed a call directly to a centralized staff Residents #19, #7 North Wing and work area for 14 residents (Residents #19, #7,

by staff.

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

the North Wing nursing station, and residents in

707 A, 710, 407 B, 201 A, and 102 B) with the

potential to affect all 116 residents currently living

in the facility due to the audible alarm component

of the call light system not being able to be heard

401, 701 A & B, 702 C, 703 A & B, 705 B.

TITLE (X6) DATE Electronically Signed

703a-b. 705b. 707a, 710, 407b, 201a and

102b - manual call bells were placed in all

in the facility and 15- minute

resident checks were implemented for all

until call system

residents on

was repaired.

A 6	or Health Care Adminis	A-ali-a				: 02/15/2018 APPROVE
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	LOWIN MINISTER	E CONSTRUCTION	(X3) DATE SU	IDUEN
	OF CORRECTION	IDENTIFICATION NUMBER:		ECONSTRUCTION	COMPLE	
			A. BUILDING:			
					C	
		41616	B. WING		01/1	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
LANIER T	EDDACE	12740 LAN	NER ROAD			
LANIER I	ERRACE	JACKSON	VILLE, FL 322	226		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	SIATE	DATE
				DEFICIENCE		
N 110	Continued From page	1	N 110		-	
					1	
				Other Residents having the potential t	o be	
	The findings include:			affected:	100	
				All Residents residing in the facility ha		
	An observation was o			the potential to be affected by the defi		
	8:34 AM of the dietar			practice. On, a 100% au		
		ident #19. The resident was		was performed on the call light system	а. [
		breakfast tray and this		All resident call lights throughout the	A STATE OF THE STA	
		rmission from the resident to		facility were checked for proper function		
	activate her call light	to request assistance.		by authorized service provider. The a	udit	
				revealed all lights were properly		
		ed the call light for Resident		functioning at the time of the audit with	n no	
		3:35 AM. This surveyor then		corrective action needed.	Į.	
	left resident	observed multiple staff			1	
	members walking by	the answering		Measurements or systemic changes:		
	the call light or offerin	g the resident assistance.		All staff will be in-serviced by ADON o	n the	
				proper procedure to notify manageme	nt of	
		alked to the nurses station		any call light failure. Authorized Servi	ce	
	for the North Wing an	d no audible alarm could be		Provider added additional audible		
	heard for the call light	for Resident #19.		speakers in seven locations throughout	ut	
				the facility and changed the tone of the	e	
	An interview with Emp	oloyee D, Registered Nurse		ringer to a louder audible sound.		
		t 8:36 AM, confirmed no		Checking the call lights for functionalit		
		e heard at the nurses'		and audible sound will be added to the		
		t that was activated for		routine maintenance task list utilizing t	the	
	Resident #19.			Call Light form.		
		ducted on at 8:37		Monitoring to ensure the deficient pract	ctice	
		Certified Nursing Assistant		will not recur:		
	(CNA), and Employee	E confirmed the audible	1	Maintenance Director or designee will		

AHCA Form 3020-0001

maintenance.

alarm for the call light system was not working in

the North Wing and she would put a call in to

An interview with the Director of Nursing (DON)

on at 8:39 AM confirmed the audible

This surveyor then activated the call light for at 8:40 AM. A light could be

was not alarming at the desk.

alarm for the call light system for the North Wing

randomly audit call lights for functionality

and audible once a week times four

weeks, then semi-monthly, and then return to systematic monthly audit. The

Administrator. The Administrator or

designee will report the findings of audits

at monthly QAPI and QA meetings for three months and quarterly for 3 quarters.

findings will be reported to the

PRINTED: 02/15/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B MING 41616 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 110 Continued From page 2 N 110 visualized on the ceiling outside the resident's no audible alarm could be heard.

An interview with the DON on at 8:41 AM confirmed that the facility nursing staff were not able to hear the audible alarm system if they were not stifting at the nurses' station, and must check the halfways to observe for activated call lights (lights on the ceiling) to know if a resident's call light had been activated.

The call light in A & B was activated on at 8:45 AM, and both the audible and visual call lights were found not functioning.

An interview on at 8:47 AM with Employee F, Licensed Practical Nurse (LPN), confirmed the call lights for A & B bed were not working.

The call light for 703 B bed was activated on at 8:48 AM and was observed not functioning. An interview with Employee F was conducted at that time and confirmed the call light was not working.

The call light for 703 A bed was activated on at 8:49 AM and was not functioning. An interview with Employee G, certified nursing assistant (CNA), and the Administrator at that time confirmed the call light was not working.

The call light for ... B bed was activated on at 8:52 AM and was found not working. An interview with Employee H, CNA on at 8:53 AM confirmed the call light was not working.

An interview was conducted for Resident #7 on at 9:05 AM confirmed her call light has

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

LIDENTIFICATION NUMBER:
A BUILDING:
B WHKG

O1111/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	NAME OF P		ADDRESS, CITY, STATE	, ZIP CODE	
PREFIX TAG REQULATORY OR LSC IDENTIFY ING INFORMATION) N 110 Continued From page 3 not been working for a long period of time. She stated, "We have told them so many times that it doesn't work, it will work for awhile, but then it doesn't work, it will work for awhile, but then it doesn't work, it will work for awhile, but then it long wait time to get assistance. An interview with Employee E, Registered Nurse (RN), on at 9:24 AM, confirmed the audible alarm for the call light system for the North Unit was very faint and difficult to hear, and was not able to turn the volume up.	LANIER T	FRRACE		3	
not been working for a long period of time. She stated, "We have told them so many times that it doesn't work. It will work for awhile, but then it doesn't work and it is to state the state of the state of the state of the long wait time to get assistance. An interview with Employee E, Registered Nurse (RN), on at 9:24 AM, confirmed the audible alarm for the call light system for the North Unit was very faint and difficult to hear, and was not able to turn the volume up.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
at 11:15 AM A bed was found not writing on at 11:18 AM both A & B bed and the lights were not working. on 2018 at 11:20 AM both A & B bed and the 11:20 AM call light working. on at 11:28 AM C bed was not working. on at 11:28 AM C bed was not working. on at 11:28 AM B bed was found not working. on at 11:28 AM C bed was not working.	N 110	not been working for a long period of time. She stated, "We have told them so many times that it doesn't work. It will work for awhile, but then it doesn't work again." The resident confirmed she had to sit in her own feces and due to the long wait time to get assistance. An interview with Employee E. Registered Nurse (RN), on at 9:24 AM, confirmed the audible alarm for the call light system for the North Unit was very faint and difficult to hear, and was not able to turn the volume up. The call light for A was activated on at 9:45 AM. The light on the hallway ceiling outside the found to be lit, but no audible alarm could not be heard. An interview with Employee C, LPN, on at 9:48 AM confirmed the call light for was activated but Employee C was not able to hear the audible alarm at the South Wing nurses' station. An audit was conducted of the facility call light system by this surveyor which revealed the following call lights were not functioning: on	N 110		

AHCA Form 3020-0001

STATE FORM 6990 KC|411 If continuation sheet 4 of 12

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 41616 B. WING ____ 01/11/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LA

ANIER TERRACE		ANIER ROAD DIVILLE, FL 32226				
(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) COMPLETE DATE		
N 110	Continued From page 4 found not working. n at 12:07 PM B bed was found not working. An interview with Employee K, Maintenance Director, on at 11:32 AM confirmed he had been the maintenance director for 3 months, and during that time had not performed routine audits on the call light system. An interview with Employee I, CNA, on at 11:55 AM confirmed she could only see the call light which is lit on the ceiling and never paid attention to the audible alarm. An interview with Employee F, LPN, on at 12:00 PM confirmed that if you were not standing by the nurses' station you couldn't hear the call light sounding. When asked whether Employee F knew that the call light for wasn't working, Employee F replied, "I though it it was fixed. Maintenance was told months ago. We have been having issues with the call lights. Sometimes the bed touches the cord and it affects the call light coming on." An interview with Employee H, CNA, on at 12:00 PM stated, "There are wire shortages in the call light. in some of the residents". "The employee confirmed she knew that a resident was asking for assistance by checking the lights on the ceiling, but said she couldn't hear the audible alarm. An observation was conducted of Employee F, LPN, on at 12:08 PM, which confirmed she knew that a resident was asking for assistance by checking the lights on the ceiling, but said she couldn't hear the audible alarm that was activated at the North Wing nurses' station that she was standing adjacent to.	N 110				

AHCA Form 3020-0001

STATE FORM 6550 KCI411 If continuation sheet 5 of 12

PRINTED: 02/15/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B MING 41616 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 110 Continued From page 5 N 110 An interview with Employee J. CNA, on at 12:09 PM confirmed she did not know the facility had an audible alarm to the call light system, and she had to walk into the hallway to see if a call light was activated. An interview was conducted with the family of Resident #20 on at 11:50 AM, and the family member confirmed that his mother had to wait a long time (as long as 2 hours) for her call light to be answered and receive assistance. He stated that she waited so long that she had soiled herself waiting to be assisted. "I don't know if it's because it doesn't work, but it takes a long time for her to get help." Class III N 201 400.022(1)(I), FS Right to Adequate and N 201 SS=D Appropriate Health Care The right to receive adequate and appropriate health care and protective and support services. including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the

agency.

community, and with rules as adopted by the

This Statute or Rule is not met as evidenced by: Based on observations, record reviews and

interviews, the facility failed to provide adequate

and appropriate health care consistent with the

residents as evidenced by a failure to assess for

resident care plan, and with established

standards within the community for two

(Residents #4 and #5) out of 7 sampled

STATE FORM caso KCI411 If continuation sheet 6 of 12

Without admitting or conceding either the

deficiencies, Lanier Terrace submits this

Resident #4 discharged on

existence or scope or severity of the

plan of correction in order to be in

compliance with the Regulations.

Agency f	or Health Care Adminis	stration				: 02/15/2018 APPROVED
STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		41616	B. WING		01/1	: 1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
TO THE CITY	TO VIDEN ON OUT I ELEN		ANIER ROAD	TIE, Ell SODE		
LANIER T	ERRACE		NVILLE, FL 32:	226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
N 201	Continued From page	6	N 201			
	change in status and Failure to assess and physical, mental or , result in undesirable/ resident (s) involved. The findings include: 1. A record review for date of admission of Diagnoses , difficult A review of Resident @ 6:00 A abnormal results: , Leukocyte Est Count () 5 count () 5 count () 5 count () 5 count () 15 count () 5 cou	follow up appropriately. identify changes in slatus can detrimental outcomes for the Resident #4 revealed a and a discharge on included unstable yin walking, and muscle #4's laboratory results from M, revealed the following is amber & cloudy, 1+ erase 3+, Protein 1+, Red -10 (ref range 0-4) While 1-100 (reference 1-10 (reference name 0-4)		2018 no corrective action can be take this time. Resident #5 discharged on 2018 no corrective action be taken at this time. Other Residents having the potential affected: All Residents residing in the facility w have a change in condition and requireper follow up have the potential to affected by this deficient practice. Created the state being monitored ensure proper notification of change is condition is being communicated and follow up is appropriate for the situation of the state of t	to be hich re be mrent to n n that on. DON in inger view attorned to Each ivity he each	
	up and states that she someone uncovered resident did not budg	ald not take her oral hing. Resident usually wakes e is or gets upset that her legs. This evening the e or make noise. Resident . Staff will continue to		responsible to address as necessary. ADON will provide continuing educati and disciplinary actions if needed. TI Unit managers will then submit the Completed Daily Facility Activity Rep the ADON daily. The Risk Manager	on ne	

A nurse's note dated
AHCA Form 3020-0001

monitor resident." There was no documentation

@ 3:22 PM

the physician was notified.

STATE FORM 699 KC|411 If continuation sheet 7 of 12

received in-service training from the

Report Log.

Corporate Nurse Consultant on how to properly maintain the Accident/Incident

						: 02/15/2018 APPROVE
Agency fo	or Health Care Adminis	tration			1 CITIV	MINOVE
AND PLAN OF CORRECTION (X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER: 41616		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/11/2018		
						NAME OF PI
		12740 LAN	IER ROAD			
LANIER T	ERRACE	JACKSON'	VILLE, FL 322	226		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	OULD BE COMP	
N 201	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG CROSS-REFERENCED TO THE APPROPRIATE		ger fiew This les of ct then nthly nge sure sport g a All	
	A review of	nospital test results				

normal day she would be walking around the AHCA Form 3020-0001

revealed the following abnormal results: Protein 30+, positive, Leukocytes large amount, - 12 (reference range 0-5),

read, "Resident was lying in bed yesterday. On a

@ 1:52 PM

..... 78 (reference range 0-5) clumps 2 (reference range - rare), 3+ (A) (reference range - none) ... /Creatnine

25 (reference range 6-22).

A nurse's noted dated

STATE FORM caso KCI411 If continuation sheet 8 of 12

PRINTED: 02/15/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: c B MING 41616 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 8 N 201 facility, however that did not occur. Vital signs . 97% 18, 98. She did eat lunch but was slow with her movement." There was no documentation to indicate that the doctor was made aware of the resident's change in status. A nurse's note dated at 1:56 PM read "Resident was given all medications and still remains to have the slow movement. The physician assistant was made aware of the behavior. Resident did not eat her food today as well." A nurse's note dated at 3:51 PM revealed that due to family's request, resident was sent to the hospital due to a change in mental status. A review of the physician's progress notes revealed no documentation of the resident becoming or any physician's visits due to the change in the resident's status. A review of a Physician Assistant note dated (after resident hospitalization) read. "Patient reportedly developed a along with inability to feed or dress herself, and her daughter asked to transfer her to acute care hospital for

with Intra-

pain,

assessment. The patient was apparently treated

converted to ... for 5 days." A review of facility care plan for Resident #4 revealed the resident was at risk for complications related to incontinence, such as

ordered, and report signs of

(

(), and . Interventions included but were not limited too: Give meds (medications) as ordered, toilet as needed, encourage fluids, obtain labs as

,) and then

STATE FORM caso KCI411 If continuation sheet 9 of 12

PRINTED: 02/15/2018 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING 41616 01/11/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12740 LANIER ROAD LANIER TERRACE JACKSONVILLE, FL 32226 SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 201 | Continued From page 9 N 201 . . . , urgency, frequency, and spasms, etc.)," During an interview with Employee B, Physician Assistant (PA), on . . . at 12:50 PM, he stated that a resident was not started on for a positive . . . culture unless the culture came back positive and they were having symptoms. If the resident was having symptoms. test would be obtained. The PA confirmed the facility staff did not notify him that Resident #4 was ___ and had a change in her mental status. He stated, "I don't recall, but if they had told me that, I would have treated her." The PA confirmed the resident was admitted to the hospital with acute . 2. A record review for Resident #5 revealed a date of admission of and a . Diagnoses readmission date of included but were not limited to late effect leg , and . A nurses progress note for Resident #5 dated read, "CNA (certified nursing assistant) notified this writer around 1:30 PM of change in the resident leg after she gave her a shower. Resident left leg is flaccid, slightly around the knee joint, and is not warm to

left leg received."

an acute ,.....

seen. Old healed injuries of the .

... are noted. Mild to moderate

touch. During assessment the resident has no complaints of pain at this time. Medical Doctor (MD) notified and orders for a stat X-RAY of the

A review of the portable X-ray report for Resident #5 dated @ 3:02 PM read, "There is

of the ____femur

) noted.

and

STATE FORM caso KCI411 If continuation sheet 10 of 12

						02/15/2018 APPROVE
Anency fo	or Health Care Adminis	tration			FURNI	AFFROVEL
Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		41616	B. WING		C 01/11/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE. ZIP CODE		
			NIER ROAD			
LANIER T	ERRACE		WILLE, FL 3222	26		
(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 CROSS-REFERENCED TO THE APPROPS DEFICIENCY)	N SHOULD BE COMPLETE APPROPRIATE DATE	
N 201	Continued From page	10	N 201		de la constante de la constant	
	_e					
	12:32 AM) reads, "Re of the left knee at 5:00 acute is seen. bone Writer as now noted slightly big	M (late entry @ sident received a stat X-ray OPM. Results are there is of the femur seen. Mild to moderate noted there is no focal sesses dresident left knee, ger than right knee." Accident/Incident report log the femur for o after				
	An interview with the on at conflict the for Resid-Accident/Incident log-spontaneous/, nothing we could hav confirmed the facility investigation and was information that Residence and the confirmed the facility investigation and was information that Residence and the confirmed the facility investigation and was information that Residence and the confirmed the facility investigation and the confirmed the facility investigation and was information that Residence and the confirmed the facility in the confirmed the confirmed the facility investigation and the confirmed the confirme	Director of Nursing (DON) med the facility did not list ent #5 on the facility She stated, This was a and there is e done about it." The DON never conducted an not able to provide tent #5's record which was She confirmed the				

AHCA Form 3020-0001

dated

and due to that the considered spontaneous or , (Photographic evidence obtained) A review of the facility's Policy and Procedure for Accident/Incident investigating and reporting read, "Facility staff is to immediately

report all accidents or incidents to the Nurse Supervisor/Charge Nurse or direct supervisor. Types of incidents/accidents include but may not be limited to: Unusual activity or occurrence."

PRINTED. 02/15/2018 FORM APPROVED Agency for Health Care Administration							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		41616	B. WING		C 01/11/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	TE, ZIP CODE			
			ANIER ROAD DNVILLE, FL 3222	26			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
N 201	Continued From page	11	N 201				
	(Photographic eviden	ce obtained)			1		
	Class III						
					i i		
					1		
					- Control		

AHCA Form 3020-0001