

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967697 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/13/2020 |
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| NAME OF PROVIDER OR SUPPLIER SUNRISE OF JACKSONVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE 4870 BELFORT RD JACKSONVILLE, FL 32256 |
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| (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 |
|--------------------|--|---------------|---|--------------------|
| A 000 | <p>Initial Comments</p> <p>A complaint investigation (complaint number 2020011797 was conducted at Sunrise of Jacksonville on The facility had deficiencies at the time of the survey.</p> | A 000 | | |

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| CZ830 | <p>408.821 FS Emergency Management Planning</p> <p>408.821 Emergency management planning; emergency operations; inactive license.-</p> <p>(1) A licensee required by authorizing statutes to have an emergency operations plan must designate a safety liaison to serve as the primary contact for emergency operations.</p> <p>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved emergency operations plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.</p> <p>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:</p> <ol style="list-style-type: none"> 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. <p>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan</p> | CZ830 | | | |

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(X8) DATE

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| CZ830 | <p>Continued From page 1</p> <p>for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.</p> <p>This Statute or Rule is not met as evidenced by: Based on an interview with the Associate Director of Operations and a review of the Agency for Health Care Administration Emergency Status System (ESS), the facility failed to ensure the safety of its 76 current residents by failing to report the following information using the online database (ESS): facility census, available beds, inventory, needs, and other related information for Novel Coronavirus (COVID-19) daily by 10:00 a.m., pursuant to Executive Order 20-51, and at the direction of the State Surgeon General, for 101 of 104 days reviewed.</p> <p>The findings include:</p> | CZ830 | | | |

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| CZ830 | <p>Continued From page 2</p> <p>During an interview with the Associate Director of Operations on _____ at 11:15 a.m., she was asked if she updated the Emergency Status System (ESS) by 10:00 a.m. each day. She responded "yes" and added she had updated the system for the day. She was asked if she updated both the Census and Availability tab as well as the Additional Information tab. She responded that she had not and that the Assistant Executive Director was responsible for updating the Census and Availability tab.</p> <p>On _____ at 11:20 a.m., the Associate Director of Operations was asked to access ESS for review of the facility's reporting. She pulled up the information in the ESS system and stated the last time a report was completed on the Census and Availability tab was on _____.</p> <p>A review of the ESS Date Submission History with the Associate Director of Operations revealed the most recent update prior to _____ occurred on _____ at 8:32 a.m. There were submissions made on _____ at 7:12 a.m., _____ at 9:59 a.m., _____ at 10:23 a.m., and _____ at 10:38 a.m.</p> <p>(Evidence Obtained)</p> <p>Pursuant to the Governor's Executive Order 20-51, and at the direction of State Surgeon General regarding Novel Coronavirus (COVID-19), the Agency for Health Care Administration opened the event "COVID-19 Monitoring" in the Emergency Status System to monitor assisted living facility's census, inventory, needs, and other related information statewide. All assisted living facilities were required to report current resident census and available beds in</p> | CZ830 | | |

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| CZ830 | Continued From page 3 their facilities daily by 10:00 a.m. and answer additional questions related to the facility status and COVID-19. Notification to facilities was dated Class III | CZ830 | | |