

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967697	(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER Sunrise Of Jacksonville	STREET ADDRESS, CITY, STATE, ZIP CODE 4870 Belfort Rd Jacksonville, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

- St - A - 0000 - Initial Comments
- St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
- St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
- St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D
- St - A - E204 - 58a-5.030(5) Fac - Ecc - Admissions & Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial licensure survey with Extended Congregate Care services was conducted at Sunrise of Jacksonville on 2014. Licensure deficiencies were identified as a result of the survey.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

Based on observation, record review and staff interview, the facility failed to ensure that a nurse was available to take or supervise the taking of vital signs for 1 of 4 sampled residents reviewed during the medication pass process. (Resident #3)

The findings include:

During an observation of the medication pass process for Resident #3 on at approximately 10:30 a.m., Employee G was observed taking the resident's pulse prior to assisting with self-administration of medication

A review of the clinical record for Resident #3 on revealed that a physician's order dated read as follows: 125 micrograms (mcg) tablets, give 1 tablet by mouth once daily for Hold if pulse is less than 60. (Photographic evidence obtained)

An interview with Employee G on at approximately 10:30 a.m. confirmed that she was not a licensed nurse nor a certified nursing assistant. Employee G clarified that she was a caregiver with medication training.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment for 1 of 14 sampled residents (Resident #8).

The findings include:

An observation of on at 10:01 AM revealed three cannulas that were unsecured and sitting on the carpeted floor, free standing. (Photographic evidence obtained). Resident #8 was observed sitting in her recliner. During this observation, Resident #8 reported that she uses "all the time".

In an interview with the Registered Nurse on at 10:42 AM confirmed that the 3 cannulas of were not secured. She confirmed that this posed a hazard to not have the cannulas secured.

Class III

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E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on document review and staff interview the facility failed to provide qualified staff to meet the needs of Extended Congregate Care residents for 2 of 12 residents reviewed. Residents #15 and #16.

The Findings Include:

During an interview with Employee E Licensed Practical Nurse, on at 10:45 AM she stated embolic stockings were ordered for 2 residents on Extended Congregate Care in the ALF. She said they are applied in the mornings and removed at night by the caregiver on duty. She later provided a list of residents with orders for embolic stockings that included 2 ECC residents (residents #15 and #16)

During an interview with Employee F on at 1:50 PM he stated he is a caregiver for the ALF. He said he applies the embolic stockings in the mornings and removes them in the evenings. He confirmed he is not a Certified Nursing Assistant.

During an interview with the Administrator on at 2:00 PM he acknowledged embolic stockings need to be applied by qualified staff who have the appropriate training.

A review of the ECC service plan for Resident #15 and #16 revealed they had embolic stockings daily as a part of their plan.

Class III

E204-ECC - Admissions & Continued Residency 58A-5.030(5) FAC

Based on document review and staff interview the facility failed include to 5 of 7 residents who have orders for embolic stockings into the Extended Congregate Care Program. (Residents #9, #13, #14, #17, #18)

The findings include:

Employee F, Licensed Practical Nurse, provided a list of residents who have orders for embolic stockings that included Residents #9, #13, #14, #17, #18. The list of residents on the Extended Congregate Care program does not include the names of Residents #9, #13, #14, #17 and #18.

In an interview with the Administrator on at 2:00 PM, he acknowledged that all residents' who require assistance with embolic stockings needed to be admitted to the Extended Congregate Care Program.

In an interview with the Administrator on at 2:00 pm, he acknowledge all residents who require assistance with embolic stockings need to be admitted into the Extended Congregate Care program.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunrise of Jacksonville
4870 Belfort Road
Jacksonville, FL 32256

Dear Administrator:


This letter reports the findings of a state biennial licensure with Extended Congregate Care survey that was conducted on _____, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after _____ to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at _____.

Sincerely,

Jana Meyer, 
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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