STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964585	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jane Adams House (the)	1550 Nectarine Street Fernandina Beach, FL 32034	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0052-Medication - Assistance With
0055-Medication - Storage And Disposal-1
0056-Medication - Labeling And Orders-1
0078-Staffing Standards - Staff-10
E210-Ecc - Training-1

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
E202-Ecc - Physical Site Requirements-58a-5.030(3) Fac

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, staff interview and record review, the facility failed to provide access to adequate and appropriate health care (related to control) consistent with established and recognized standards within the community for 1 of 1 sampled residents. (Resident #12)

The findings Include:

A review of the Medication Observation Record (MOR) for Resident #12 on revealed a MOR that listed 0.5 mg take ½ tablet before bath on bath days. There was another entry on the MOR that listed 0.5 mg tablet, take 1 tablet at bedtime.

During an observation of Resident #12 ' s medications on at 10:42 am, Employee #8 was asked to pull the the resident ' s 0.5 mg tablets from the cart to observe whether the tablets were scored. Employee #8 opened the prescription bottle of 0.5 mg and poured all of the contents of the medication bottle into her bare hand. Employee #8 stated, " Oh, I should have worn gloves before I poured them into my hands. "

An interview on at 10:45 am with Employee #8 confirmed that she was aware that she should not touch medication with her bare hands.

An interview on at 11:50 am with the administrator confirmed that Employee #8 should not have handled the resident ' s medication with her bare hands. The administrator said that she would address the issue with Employee #8.

Class III

E202-ECC - Physical Site Requirements 58A-5.030(3) FAC
Based on observation and staff interview, the facility failed to ensure that 2 of 7 sampled resident apartments had locks which were operable from the inside of the

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The findings Include:

During a facility tour on at 9:25 am an open door was observed into apartment #204. The lock on the door handle failed to lock after multiple attempts to lock the door.

On at 11:00 am an interview with Employee #8 revealed the following: When asked about the locking mechanism on the entry door to apartment #204, Employee #8 entered and made multiple attempts to lock the door from the inside of the but the door knob lock failed to lock. Employee #8 said, " They should lock. " She then went from apartment to apartment and observed that the entry door to apartment #206 also failed to lock from inside of the apartment. Employee #8 said that both were currently occupied by residents and that all of the residents ' apartment doors should lock.

On at 11:50 am an interview with the facility administrator confirmed that all residents in this Extended Congregate Care (ECC) licensed facility should have entry doors to their apartments which lock from the inside.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Jane Adams House
1550 Nectarine Street
Fernandina Beach, FL 32034

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/KW/sm
Enclosure

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