STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911190	12/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ingleside Retirement Home	1433 Ingleside Ave Jacksonville, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0082-Training -
N277-Lns - Resident Care Standards-

Revisit Repeat Tags:
0000-Initial Comments-
0032-Resident Care - Elopement Standards-58a-5.0182(8) Fac
007(3a-5.0186 Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0090-Training - -5.0191(11) Fac
N278-Lns - Records-58a-5.031(3) Fac

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to the initial Limited Nursing Services (LNS) and Limited Mental Health (LMH) survey was conducted at Ingleside Retirement Home in Jacksonville, Florida on , 2013. New and uncorrected deficiencies were identified as a result of the survey.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and staff interview, the facility failed to develop detailed written policies and procedures for responding to a resident elopement for all residents.

The findings include:

A review of the facility forms manual provided by Employee A on revealed that there was no policy and procedure for resident elopement available for review.

An interview with Employee A on at approximately 9:40 AM revealed that she was unaware of the location of the facility policy and procedure for elopement.

This was previously cited during the survey.

Class III

007(58A-5.0186 FAC
Based on record review and staff interview, the facility failed to develop written policies and procedures, which delineates its position with respect to state laws and rules relative to for all residents.

The findings include:

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A review of the facility forms manual provided by Employee A on revealed that there was no policy and procedure for available for review.

An interview with Employee A on at approximately 9:40 AM revealed that she was unaware of the location of the facility policy and procedure for

The was previously cited during the survey.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview and record review, the facility Administrator failed to supervise the operation and maintenance of the facility including management of staff and provision of care to residents. This is evidenced by Administration's failure to correct deficient practices cited in the Limited Nursing Services (LNS) and Limited Mental Health (LMH) surveys, conducted by a representative of this office on , 2013.

The findings include:

An initial LNS and LMH survey was conducted by a representative of this office on and deficient practice was identified at A0032, A0076, A0078, A0081, A0090 and AN278.

During the LNS and LMH revisit on at 9:00 AM, it was determined that corrections had not been made. Interviews conducted with Employee A between 9:00 AM and 11:00 AM confirmed the findings had still not been corrected.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that newly hired staff submitted a statement from a healthcare provider, that the person did not have any signs or symptoms of a communicable for 2 (Employees C and D) of 4 sampled employees.

The findings include:

A review of the employee personnel files for Employees C and D on revealed that there was no statement of freedom from communicable in either employee file.

An interview with Employee A on at approximately 10:20 AM confirmed that Employee C had no documentation of freedom from communicable in his personnel file. Employee A was unaware that this documentation was missing from Employee D's personnel file. Employee A said that she would address it right away.

This was previously cited during the survey.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for 1 (Employee B) of 3 sampled employees.

The findings include:

A review of the employee personnel files on revealed that there was no documentation of completion of training related to incident reporting or recording/reporting neglect and for Employee B.

An interview with Employee A on at approximately 10:30 AM confirmed that the above-mentioned in-service training was not in Employee B's personnel file. Employee A stated that she was unaware that Employee B had not yet completed the training.

This was previously cited during the survey.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that employees received at least one hour of training in the facility's policies and procedures related to within 30 days after employment for 1 (Employee B) of 3 sampled employees.

The findings include:

A review of the Employee B's personnel file on revealed a hire date of There was no documentation of completion of training related to

An interview with Employee A on at approximately 10:30 AM confirmed the the above-mentioned in-service training was not in Employee B's personnel file. Employee A stated that she was unaware that Employee B had not yet completed this training.

This was previously cited during the survey.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on staff interview, the facility failed to produce a record/log form to be used for all potential residents receiving limited nursing services (LNS) that included the type of service provided. The facility also failed to produce a nursing assessment form to be used for monthly nursing assessments of each potential resident who receives limited nursing services.

The findings include:

An interview with Employee A on at approximately 10:45 AM revealed that she could not produce

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these forms for review during the survey.

This was previously cited during the . . . . . survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ingleside Retirement Home
1433 Ingleside Avenue
Jacksonville, FL 32205

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 uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JG/RED/sm
Enclosure

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