

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 07/08/2014
NAME OF PROVIDER OR SUPPLIER Atrium At Regency(the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 Atrium Way Jacksonville, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR # 2014004921, was conducted on The Atrium at Regency had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to complete the Health Assessment for 2 of 3 sampled residents, (Resident #2, #3).

The findings include:

Review of Resident #2's Health Assessment signed and dated revealed Section B of Health Assessment did not clarify if resident needs assistance with self-administration of medication or needs medication administration. That section was left blank.

Review of Resident #3's Health Assessment signed and dated revealed Section B of Health Assessment which states, " Does the individual need help with taking his or her medications " , is not checked. The questions " needs assistance with self-administration of medication " or " needs medication administration " was also blank.

On at 10:53 AM an interview with Employee B revealed that all the sections of the Health Assessment should be completed. She confirmed that Section B was blank for both Resident #2 and Resident #3.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Atrium at Regency
9960 Atrium Way
Jacksonville, FL 32225

RE: CCR #2014004921

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 8, 2014 by a representative 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 surveyor. Should you have any questions please call this office at

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201; Fax: (904) 359-6054
AHCA.MyFlorida.com



Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida