

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 09/03/2014
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)		

Revisit Repeat Tags:

0000-Initial Comments-

0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit to the 7/8/2014 complaint survey, CCR# 2014004921, was conducted at The Atrium at Regency in Jacksonville, Florida, on , 2014. Uncorrected deficiencies were identified as a result of the survey.

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

A review of the clinical record for Resident #4 revealed that her move in date was . The Resident Health Assessment was completed and signed by the Advanced Registered Nurse Practitioner (ARNP) on . Section B indicated that the resident required assistance with medications, but it did not indicate how much assistance was needed. (Copy obtained)

A review of the clinical record for Resident #5 revealed that his move in date was . The Resident Health Assessment was completed and signed by the ARNP on . Section B indicated that the resident required assistance with medications, but it did not indicate how much assistance was needed. Also, Section 1 on page 1 did not describe Resident #5's behavioral status. It was left blank. (Copy obtained)

A review of the clinical record for Resident #6 revealed that her move in date was . The Resident Health Assessment was completed and signed by the ARNP on . Section 1 on page 1 (special precautions) was left blank. (Copy obtained)

During a interview with the Assisted Living Director at approximately 10:55 a.m., she confirmed that section B was incomplete for Resident #4. She confirmed that section B and page one, section 1 were incomplete for Resident #5, and she confirmed that page 1 was incomplete for Resident #6. She stated that she was aware that all sections of each Resident's Health Assessment must be complete.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2014 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 deficiency 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,

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

GJ/JM/sm
Enclosure

