STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964912	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Southpoint	6895 Belfort Oaks Place Jacksonville, FL 32216	
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
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR #2014010426, was conducted at Emeritus at Southpoint in Jacksonville, Florida on , 2014. Licensure deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure that a resident's Health Assessment was complete and accurate for 1 of 3 sampled residents. (Resident #3)

The findings include:

A review of the clinical record for Resident #3 revealed an undated Resident Health Assessment which indicated that Resident #3 had a history of resistant and required contact precautions. Page 2, section C indicated that Resident #3 had a communicable , and that though her needs could be met in an Assisted Living Facility, she required 24-hour nursing or care. Page 4, section B indicating how much assistance Resident #3 required with medication administration was left blank, and the printed name of the examiner, the examiner's medical license number, his or her address, telephone number, title and the date of the examination were left blank. Resident #3's Health Assessment dated indicated that Resident #3 ' s needs could not be met in an Assisted Living Facility.

A interview with the Resident Care Director (RCD) at approximately 5:40 p.m. revealed the following: When asked who was responsible for reviewing the Resident Health Assessments upon admission, the RCD stated that both she and the administrator reviewed them. When asked specifically about Resident #3 and her last four Health Assessments, the RCD stated that Resident #3 had been in and out of the facility a number of times, and that she (the RCD) "just couldn't remember". When asked whether she recalled this resident being treated for within the last several months, she replied that the resident had not been treated for .

A interview with the administrator at approximately 5:30 p.m. revealed that the Resident Care Director was responsible for reviewing each resident's Health Assessment for accuracy and completion upon admission to the facility. When Resident #3's last four Health Assessments were reviewed the the administrator, she was unable to explain the discrepancies. She stated that Resident #3 had not been treated for , but that she would have to clarify the remaining information with Resident #3's physician.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and staff interview, the facility failed to contact the resident's health care provider after the resident exhibited a significant change by being transferred to the hospital after a for 1 of 3 sampled residents. (Resident #1)

The findings include:

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A review of Resident #1's First Responder Worksheet revealed that it was incomplete. The check-off box indicating that the family was notified was left blank, and the check-off box indicating that the physician was notified was left blank. A review of Resident #1's observation note dated indicated that Resident #1's responsible party was notified of his and transfer to the hospital, but there was no documentation indicating that Resident #1's physician was notified of the

A telephone interview with Employee F at 3:10 p.m. confirmed that Resident #1's physician was not notified of his and subsequent transport to the emergency Employee F stated, "I wouldn't ' have called the doctor in the middle of the night, because he wouldn ' t have been there." When asked whether she would have called the physician the following morning, she did not reply.

A interview with the administrator at 4:40 p.m. revealed the following: When asked whether it was the facility's practice to notify the resident's responsible party and physician of a , the administrator replied that it was the facility's practice to notify both the responsible party and the physician when a occurred.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brookdale Southpoint
6895 Belfort Oaks Place
Jacksonville, FL 32216

RE: CCR #2014010426

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 surveyor. Should you have any questions please call this office at .

Sincerely,

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

JG/JM/sm
Enclosure

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