STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964585	05/01/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A change of ownership licensure survey was conducted on , 2015. The Jane Adams House had licensure deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review, and staff interview, the facility failed to assist residents with self-administered medications in accordance with procedures described in section 429.256, F. S. for 2 of 2 sampled residents observed during assistance with self-administration of medication (Residents #10 and #11).

The findings included:

A observation of the medication pass at 9:25 a.m. revealed that Residents #10 and #11 received medications from the Medication Technician at that time without an explanation of what they were receiving. During the medication pass, Resident #10 received twelve different medications, and Resident #11 received two separate medications. The Medication Technician did explain one of the two medications to Resident #11. Immediately following the medication pass at 9:47 a.m., a review of the Medication Observation Record (MOR) revealed that both Residents #10 and #11 were to receive their medications at 8:00 a.m. Both residents received their medications more than one hour after they were scheduled. (Photographic evidence obtained)

A interview with Employee E at 9:55 a.m. revealed that she was aware that she had administered her medications more than one hour after they were scheduled for both Resident #10 and Resident #11. She stated that she was unaware that she was required to explain the medications to each resident as she was providing them.

Class III

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 3 of 4 sampled employees. (Employees A, B and C)

The findings included:

A review of the personnel files for Employees A, B and C revealed that Employee A's date of hire was Employee B's date of hire was and Employee C's date of hire was Further review of the personnel files revealed the following:
Employee A was missing documentation of provision of training by a qualified trainer in elopement procedures, emergency preparedness and evacuation, and resident rights. Employee B was missing documentation of provision of training by a qualified trainer in activities of daily living and behavioral needs, emergency preparedness and evacuation, resident rights, incident reporting, and recognizing and reporting , neglect and

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JANE ADAMS HOUSE (THE)	**1550 NECTARINE STREET FERNANDINA BEACH, FL 32034**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 1

Employee C was missing documentation of provision of training by a qualified trainer in emergency preparedness and evacuation, resident rights, and recognizing and reporting , neglect and .

A interview with the Assistant Administrator at 12:46 p.m. revealed that she was unaware that the required training was not in the employee files. She was unable to locate documentation of the required training during the time of the survey.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to maintain documentation of the completion of training in the facility's policies and procedures regarding for 3 of 4 sampled employees. (Employees A, B and C)

Findings included:

A review of the personnel files for Employees A, B and C revealed that Employee A's date of hire was Employee B's date of hire was and Employee C's date of hire was Further review of the personnel files revealed that all three employees were missing documentation of provision of training by a qualified trainer related to policies and procedures.

A interview with the Assistant Administrator at 12:46 p.m. revealed that she was unaware that the required training was not in the employee files. She was unable to locate documentation of the required training during the time of the survey.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation,record review, and staff interview, the facility failed to post the current menu and failed to provide a therapeutic diet for 2 of 2 residents, Residents #7 and #3.

The findings included:

1. A observation of the dining the Memory Care unit at 9:45 a.m., revealed that there was no posted menu. (Photographic evidence obtained)

A interview with Employee C (Resident Care Director) at 10:25 a.m. revealed the following,"They used to post the menu on the bulletin board in the dining , but since they are Memory Care residents, they don ' t look

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0093 Continued From page 2

at the menu anyway.

2. [redacted] at 11:48 a.m., Resident #7 was observed sitting in the dining [redacted] a cup of lemonade in front of him. He stated he was drinking moonshine. He was served two hotdogs, coleslaw, and baked beans. Employee G stated she prepared the same meal for all 8 residents. She was not aware of anyone needing a special diet. The Lemonade was not sugar free and had 12 grams of sugar per serving.

Review of the resident record for Resident #7 revealed a [redacted] Health Assessment indicating the resident was to receive a 1800 calorie [redacted] diet.

3. On [redacted] at 12:26 p.m., Resident #3 was observed to be drinking the same lemonade and was served a hotdog, coleslaw, and baked beans and 2 cookies. Employee G once again stated that all residents were served the same diet. She was not aware if the lemonade and cookies were sugar free. Another employee packaged the cookies for her to serve. She was not aware of any therapeutic diets.

Review of the [redacted] Health Assessment for Resident #3 revealed the resident was on a [redacted] Health, [redacted] Diet.

5. On [redacted] at 12:55 p.m., the Administrative Assistant stated Employee G was new and was only here 1 week. She stated the Director of Resident Care normally does the meal preparation but she was not here today. Employee G should not have been preparing meals without more guidance from other staff. She stated both residents should have received [redacted] diets. The Administrative Assistant could not show that the cookies were sugar free.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and staff interview, the facility failed to have documentation of power of attorney for 1 of 2 sampled residents, Resident #8.

The findings include:

Resident #8 was admitted on [redacted]. The Residency Agreement was signed by the Resident's son. The resident's record did not have evidence of a power of attorney. The Administrative Assistant on [redacted] at 11 a.m. stated she would contact the son and get it faxed over right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure change of ownership survey that was conducted on , 2015 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

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

LW/JM/sm
Enclosure

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