STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968516	05/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CAMELLIA AT DEERWOOD	10061 SWEETWATER PKWY JACKSONVILLE, FL 32256	

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

0000 - Initial Comments

A relicensure survey was conducted on
Camellia At Deerwood had Licensure deficiencies found at the time of the visit.

A biennial licensure survey was conducted at Camellia At Deerwood in Jacksonville, FL on 2015.
Deficiencies were identified.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and staff interview, the facility failed to maintain a policy and procedure related to third party services which allowed a resident or the resident's representative to independently arrange, contract and pay for services provided by a third party of the resident's choice. This potentially affected all 50 residents living at the facility.

The findings included:

A review of the facility's policy and procedure related to third party services revealed the following: "The approval to use an outside caregiver will be at the discretion of the General Manager and Health and Wellness Director. Each request will be submitted in writing and evaluated on a case-by-case basis." The policy and procedure stated that any care provided by a third party would not exceed two (2) weeks, and that if services were required for more than two (2) weeks, the request for third party services would be denied. (Copy obtained)

At 3:56 p.m., the policy and procedure was reviewed with the Administrator who acknowledged understanding that the residents must be provided with the option to arrange, contract and pay for services provided by a third party of the resident's choice.

Class III

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

Based on observation and staff interview, the facility failed to ensure that unlicensed staff read the medication label to each resident while assisting with self-administration of medication for three of three sampled residents (Residents #9, #10 and #11).

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 1

During a observation of assistance with medication self-administration for Residents #9, #10 and #11 between 11:05 a.m. and 11:15 a.m., Employee D (unlicensed staff) did not explain any of the medications she was providing to the residents. She stated each time, "He you are", and handed the resident their medication.

At 11:16 a.m. Employee D confirmed that she was supposed to explain all medications that she was providing to each resident each time she provided them. She confirmed that she did not explain what medications Residents #9, #10, & #11 received.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on employee record review and staff interview, the facility failed to ensure that 1 out of 3 sampled employees had received 4 hours of required Level I training within 3 months of hire.

The findings include:

An employee record review was completed on during the biennial licensure renewal survey. The employee files for Employee A did not have evidence of training for Level I.

During an interview with the Administrator on at 2:55 pm he stated that he had not done the training for Level I.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure that 1 out of 3 sampled employee received 1 hour of required training on the facility policy and procedure for within 30 days of hire.

The findings include:

An employee record review was completed on during the biennial licensure renewal survey. The employee records for Employees B (date of hire: found no evidence of training for

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

0090 Continued From page 2

During an interview with the Administrator and Health and Wellness Director on at 5:15 pm they both stated the training for had not been done.

Class III

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

Based on record review and staff interview, the facility failed to ensure that a copy of a written informed consent for unlicensed staff who assist residents with self-administration of medication was maintained in each Resident's file for all 50 residents residing in the facility on the date of the survey.

The findings include:

A review of Resident #8's and Resident #12's clinical records revealed no copies of consents for assistance by unlicensed staff with self-administration of medication.

At 3:56 p.m., the administrator confirmed that unlicensed staff assisted residents with self-administration of medication. He provided the survey team with a copy of the facility's consent form which had signature lines and spaces for dates of signature by the resident, the resident's responsible party and the Health and Wellness Director at the bottom. The administrator stated that none of the residents in the facility had signed a consent for unlicensed staff to provide medications. The Health and Wellness Director stated that she discussed it with residents and/or their responsible parties when they were admitted to the facility. The administrator stated that they had the form, and he provided the form for review, however, he was unaware that the form had to be signed by the resident or the resident's responsible party. (copy obtained)

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview, the facility failed to ensure that their resident contract included a provision giving at least 30 days written notice prior to any rate increase. This potentially affected all 50 residents living in the facility.

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

0167 Continued From page 3

The findings included:

A review of the facility's Resident Contract revealed the following: "If Owner, in its sole discretion, decides to change, or increase the rate of Services contained in the Negotiated Service Plan, Owner shall give Resident thirty (30) days prior written notice. However, in the event that resident requires immediate additional support as a result of an emergent condition (e.g. elopement risk, high risk, severe or medical conditions, etc.) then the resident agrees to pay for such care immediately upon notification for owner's designee." (copy obtained)

At 3:56 p.m., the contract was reviewed with the administrator who acknowledged understanding that the residents must be provided with thirty (30) days notice prior to any rate increase.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Camellia At Deerwood
10061 Sweetwater Pkwy
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 18, 2015 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 surveyors. Should you have any questions please call this office at .

Sincerely,

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

JG/JM/sm
Enclosure

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