

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP 2061 HYDE PARK RD JACKSONVILLE, FL 32210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that medications were labeled in accordance with professional principles; stored under proper temperatures and /or not expired in two (Team 5 and Team 1) of four medication carts observed for medication storage. This placed residents at risk of receiving medication that was expired and potentially ineffective. The findings include: On [DATE] at 9:35 a.m., an observation of the Memory Care Unit (Team 5) medication cart revealed expired [MEDICATION NAME] U-100 units per milliliter (units/ML) insulin for Resident #2. The label on the medication box had an open date of [DATE] and discard date of [DATE]. Further review of the cart revealed two more vials of [MEDICATION NAME] U-100 units/ML insulin that had not been opened. The pharmacy label on the medication stated refrigerate until opened. Observation of the medication cart for Team 1 on [DATE] at 9:45 a.m., revealed three vials of opened insulin (two vials were [MEDICATION NAME] U-100 units/ML and one vial was Humalog 100 units/ML) that had not been labeled with the date opened. (Photographic Evidence Obtained) The unit manager confirmed in an interview on [DATE] at 9:38 a.m. that the insulin was expired. She also confirmed unopened insulin should be refrigerated. The unit manager further mentioned insulin was good for 28 days after opening and she expected nurses to inspect their medication carts daily. During an interview on [DATE] at 9:40 a.m. with Employee A, Registered Nurse (RN and responsible for the Team 5 cart), stated that today was her first day on the unit and she had not had time to inspect her medication cart yet. She confirmed that Resident #2's insulin was expired and that the resident had received the insulin during the months of May and [DATE]. During an interview with Employee B, RN/Team 1 Nurse, on [DATE] at 9:47 a.m., she confirmed that the opened insulin vials were not labeled with the open date. The Assistant Director of Nursing (ADON) confirmed in an interview on [DATE] at 9:50 a.m. that the opened insulin vials were not labeled with open dates. He added that the staff were expected to date the opened insulin and discard the vials after 28 days or 42 days depending on the type of insulin (long-acting or short-acting). During an interview on [DATE] at 10:30 a.m. with the Interim Administrator, she stated expired medication should not be in the medication carts and insulin should be labeled with an open date. A review of the physician's orders [REDACTED]. Administer 24 units subcutaneously once a day 30 minutes before breakfast. A review of the policy titled: Medication Administration- General Guidelines last revised 2007 revealed: Procedure Medication preparation 8. Check expiration date on package/container. No expired medication will be administered to a resident. a. Drugs dispensed in the manufacturer's original container will be labeled with the manufacturer's expiration date. b. The nurse shall place a date opened sticker on the medication if one is not provided by the dispensing pharmacy and enter the date opened. c. Certain products or package types such as multidose vials and ophthalmic drops have specified shortened end of use dating, once opened, to ensure medication purity and potency. .		
F 0850 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on record review and staff interviews, the facility failed to ensure there was a full-time qualified social worker to meet the psychosocial needs of all ninety residents in the facility. The findings include: During an interview with the Social Services Assistant (SSA) on 6/5/2020 at 10:15 a.m., she was asked who was responsible for addressing resident grievances. She stated the social worker was responsible, however the facility did not have a social worker at this time. When asked how long the facility was without a social worker, she replied a few weeks. She was asked how the residents' psychosocial needs were being met, and she replied that she was assisting residents with anything they brought to her attention. She was asked if she had the qualifications required to be a social worker and she stated no, she was hired to be the assistant to the social worker. An interview with the Administrator was conducted on 6/5/2020 at 11:05 a.m., who confirmed the facility did not currently have a social worker. When asked how long the facility had been without a social worker, she said his last day was 5/5/2020. She was asked who the abuse coordinator was, and she said the facility's social worker, however she had taken responsibility since she became the Administrator on 5/28/20. When asked who had been responsible for abuse investigations and reporting between 5/5 and 5/28/20, she said she did not know. .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.