

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105917	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER CONSULATE HEALTH CARE OF JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP 4101 SOUTHPOINT DRIVE EAST JACKSONVILLE, FL 32216	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure residents received adequate supervision and devices to prevent accidents, by failing to supervise residents on the smoking patio and ensure those who required the use of smoking aprons wore smoking aprons for four (Residents #11, #12, #13 and #14) of four residents reviewed. The findings include: During a tour of the facility on 8/19/20 at 10:26 AM, three residents were observed on the smoking patio (Residents #11, #12 and #13). There were no staff members present. An interview was conducted with Residents #11, #12, and #13 on 8/19/20 at 10:30 AM. Resident #11 explained that she and the two other residents had just finished smoking and confirmed that no staff were present while they were smoking. She stated, Sometimes they come out with us and sometimes they don't. Resident #12 confirmed that he had just finished smoking. Resident #12 was also holding another cigarette and asked Resident #11 for a lighter during the interview. Resident #13 explained that he had just finished smoking. Resident #13 was not wearing a smoking apron and there was no smoking apron present on the patio. An interview was conducted with Employee A, Medical Records, on 8/19/20 at 10:40 AM. She explained that the facility's smoking times were 6:30 AM to 6:45 AM, 9:30 AM to 9:45 AM, 1:30 PM to 1:45 PM, 3:30 PM to 3:45 PM, 6:30 PM to 6:45 PM, and 9:30 PM to 9:45 PM. She explained that a staff member was required to be present any time a resident was smoking. The employee confirmed that Residents #11, #12, and #13 were on the smoking patio outside of authorized times and that the residents should not have been smoking without supervision. A review of Resident #11's medical record revealed an admission date of [DATE] and a primary [DIAGNOSES REDACTED]. The resident required limited to extensive assistance with activities of daily living (ADLs). A review of the resident's care plans revealed a care plan indicating the resident was a current smoker. The care plan indicated the resident would not smoke without supervision and that the resident's smoking supplies would be stored. There were no safe-smoking assessments available for review in the medical record. A review of Resident #12's medical record revealed an admission date of [DATE] and a primary [DIAGNOSES REDACTED]. Secondary medical [DIAGNOSES REDACTED]. The resident required limited assistance with ADLs. A review of the resident's care plans indicated the resident was a current smoker and required supervision while smoking. There were no safe-smoking assessments available for review in the medical record. A review of Resident #13's medical record revealed an admission date of [DATE] and a primary [DIAGNOSES REDACTED].org/archives/2015/01/coding.htm, accessed on 8/19/20). Secondary [DIAGNOSES REDACTED]. The resident's cognition was impaired, and he required assistance with ADLs. A review of the resident's care plans indicated the resident was a current smoker and that he would not smoke without supervision. The care plan also indicated that the resident required a smoking apron while smoking. The most recent safe-smoking assessment, dated 2/21/20, revealed the resident was an unsafe smoker. A review of Resident #14's medical record revealed an admission date of [DATE] and a primary [DIAGNOSES REDACTED].org/condition/ischemia-cerebral, accessed on 8/19/20). Secondary [DIAGNOSES REDACTED]. The resident's cognition was intact, and she required supervision to limited assistance with ADLs. A review of the resident's care plans indicated the resident was a current smoker and would follow the facility's smoking protocol. There were no safe-smoking assessments available for review in the medical record. A second observation of the smoking patio was conducted on 8/19/20 at 1:24 PM. Employee C, Certified Nursing Assistant (CNA), opened the patio door and escorted Residents #11, #13, and #14 to the patio. Employee C then sat down at the first table while each resident removed a cigarette from packs which each resident already had on their person. Employee C obtained a lighter from Resident #14 and proceeded to light each resident's cigarette. After lighting each resident's cigarette, Employee C returned the lighter to Resident #14. Resident #13 was not wearing a smoking apron. An interview was conducted with Employee C on 8/19/20 at 1:33 PM while on the smoking patio. She was asked which residents required smoking aprons to smoke. She stated, As long as they can hold their own cigarette, they don't need one. When asked to clarify, the employee stated she was unsure of how to access the resident's care plan interventions. The facility's policy and procedure for smoking was reviewed. The policy, with a revision date of 2/7/20, indicated that the designated smoking area would be monitored by a staff member during authorized smoking times. The policy also indicated that the facility would have safety equipment, to include smoking aprons, available in the smoking areas. Regarding assessments, the policy indicated that residents who wished to smoke would be evaluated on admission, quarterly and with a change in condition to determine whether assistance or supervision was required to smoke. Regarding storage of smoking materials, the policy indicated that the facility would retain and store matches, lighters, etc. for all residents. An interview was conducted with the Administrator and Director of Nursing on 8/19/20 at 3:27 PM. The Administrator explained that residents were not allowed to maintain lighters on their person. She further explained that assigned staff were to supervise all residents while smoking and confirmed that residents smoking without supervision presented a safety risk for all residents. .</p>		

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.