

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Ascension Living St. Catherine Laboure' Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 Stockton St Jacksonville, FL 32204	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>43221</p> <p>Based on interviews, facility grievance log review, and complaint and grievance policy review, the facility failed to follow facility policy in providing required written notification of the outcome of the grievance investigation for 5 of 5 grievances submitted by four (Residents #4, #5, #6, and #7) residents.</p> <p>The findings include:</p> <p>On 4/24/24 at 10:34 am, an interview was conducted with Registered Nurse-A, Manager 1 North regarding resident grievances. He explained that if a resident has a complaint or grievance, staff is to let the manager know. The manager will then try to resolve the issue at bedside, if unable, the manager will contact social services and the issue will be discussed in morning meeting.</p> <p>On 4/24/24 at 11:25 am, an interview was conducted with Licensed Practical Nurse-B. She stated that if a resident or family member complains, she attempts to resolve the issue at bedside. If she's unable to resolve the issue, then she would let the manager know.</p> <p>A review of the facility grievance log from December 2023 to present revealed the following: (Copy obtained)</p> <p>12/22/23: Resident #4: Property loss/theft; reported missing \$30.00: the facility was unable to provide evidence that a written notification of resolution was provided to the resident.</p> <p>12/28/23: Resident #5: Food temperature issue: the facility was unable to provide evidence that a written notification of resolution was provided to the resident</p> <p>1/8/24: Resident #6: Room too cold: the facility was unable to provide evidence that a written notification of resolution was provided to the resident.</p> <p>1/23/24: Resident #7: Access to medical records: the facility was unable to provide evidence that a written notification of resolution was provided to the resident.</p> <p>1/23/24: Resident #7: Care issue: the facility was unable to provide evidence that a written notification of resolution was provided to the resident.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The grievance log did not have any complaints logged for February and March 2024.</p> <p>On 4/24/24 at 2:00 pm, a joint interview was conducted with the Social Services Director (SSD) and Social Services Assistant (SSA). When asked what the complaint/grievance process was for the facility, SSD replied, The managers discuss complaint/grievances in morning meeting. The Quality Director (QD) logs them into the Electronic Reporting System (ERS) because she did not have access to the program. When asked why she didn't have access, the SSD only offered, they hadn't given her access. When asked how she followed up on the complaints/grievances, SSD replied, I write it down. When asked if she kept those documents, she did not offer a response. When asked who was sending the letters to the complainants (Residents #4, #5, #6, and #7), SSD replied, I'm not sure what letters you are talking about. When the SSD was told the facility policy regarding Complaints and Grievances, stated that final decisions would be provided in writing within 30 days of receipt. She replied, oh. The SSA stated that he didn't have access to ERS either.</p> <p>On 4/24/24 at 2:58 pm, a joint interview was conducted with the Administrator and Director of Nurses (DON). When the DON was asked who the Grievance Official was, she replied, the SSD. The DON was asked to describe the Complaint/Grievance process. She stated complaints typically come to either the staff or the managers. The managers try to resolve the issues at the bedside, if unable to resolve the issue, they relay the information to the team at morning meeting. The complaint is then assigned to the appropriate manager, such as SSD, Nursing, Pharmacy, Maintenance, Food Service. When asked where it is documented, the DON replied, it should be in the ERS. When asked who documents it the system, DON replied, whoever is handling the issue or its reported to the Quality Director (QD) and they enter it. When the DON was asked if she was aware the SSD didn't have access to the ERS, she replied, no. When asked how complaints and grievances are reported to the Quality Assurance and Performance Improvement (QAPI) committee. Both DON and Administrator replied, QD runs a report and presents it to the committee. The DON was asked if she questioned the lack of complaints/grievances on the report. She replied, no, I did not pick up on the report not showing them, I knew I was addressing issues. The Administrator stated, It is clear our process is ineffective, with multiple gaps in the process that need fixing; we will be working to fix this issue today.</p> <p>Review of the facility's Complaints and Grievances policy (last revised 5/2021) revealed the following:</p> <p>Page 1 of 5, Definitions</p> <p>Complaint - Any simple service issue or concern received from residents or family members regarding treatment or services provided in the community that are easily resolved by associates.</p> <p>Grievance - Any moderately complex complaint or service issue received verbally or in writing from residents or resident representative regarding treatment or services provided that require management intervention and a written resolution letter. All written complaints received by residents or resident representative through any means will be considered a grievance.</p> <p>Page 2 &amp; 3 of 5, Minimum Requirements, item 2. Identifying a designated community Grievance Official</p> <p>Each community must designate a Grievance Official to oversee and ensure responses to complaints and grievances in accordance to policy.</p> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. The Grievance Official or designee, will be responsible for the complaint and grievance process through their conclusion to include:</p> <ol style="list-style-type: none"> <li>1. Review and provide an acknowledgement of receipt of grievances to complainant</li> <li>2. Coordinating the investigation by the community to include but not limited to:               <ol style="list-style-type: none"> <li>i. Reviewing reports for any reportable issues</li> <li>ii. Interviewing complainant, staff, and/or witnesses</li> <li>iii. Reviewing the medical records (if applicable)</li> <li>iv. Coordinating with other departments, when needed</li> </ol> </li> <li>3. Maintaining confidentiality of all information associated with the complaint or grievance.</li> <li>4. Acknowledge the grievance within 7 working days from receipt</li> <li>5. Issuing a final written grievance decision to the resident and/or family members within a reasonable time frame but not to exceed 30 days.</li> </ol> <p>Page 4 of 5, item 4 Response timeline for complaints and grievances will be as follows.</p> <ol style="list-style-type: none"> <li>a. All complaints and grievances received by associates will be documented and reported by end of shift.</li> <li>b. Acknowledgment of grievance will be provided to complainant when available withing 7 working days from date of receipt</li> <li>c. Issuing of a final decision in writing on all grievances will be provided to the complainant when available within a reasonable time frame but not to exceed 30 days from date of receipt</li> <li>d. If resolution to grievance is delayed beyond 30 days, an extension letter will be provided to complainant to include an explanation for the delay and estimated resolution date. (Copy obtained)</li> </ol> <p>Ascension Living Complaint and Grievance Process (pamphlet given to residents on admission)</p> <p>Rights, Process, Timelines</p> <p>Under Resident Rights, you have the right to file a complaint or grievance anonymously, orally or in writing. You also have right to receive a written response to all filed grievances within a reasonable timeline.</p> <p>For all complaints, the community will make every attempt to resolve the issue/concern promptly. For all grievances, the following process and timelines will be followed.</p> <p>(continued on next page)</p>

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F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Grievance Official (or designee) will provide you (if contact information is available) a written acknowledgement within 7 working days. Final decisions will be provided in writing and within 30 days from receipt. (Copy obtained)		