

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  First Coast Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7723 Jasper Avenue Jacksonville, FL 32211	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38804</b></p> <p>Based on observations, interviews, and record review, the facility failed to ensure the resident shower/bathroom in the East Wing and [NAME] Wing bathroom were maintain in a safe, functional, sanitary, and comfortable environment; and failed to secure the bathroom sinks to the walls in rooms [ROOM NUMBER].</p> <p>The findings include:</p> <p>On 11/6/2024 at 10:17 am, during a tour of the East Wing, a foul odor was present upon entering the shower room used for residents. A bucket placed under the toilet tank was observed. When the toilet was flushed water immediately began to pour into the bucket from a crack in the tank. (Photographic evidence obtained) Observation of the shower revealed there was a leak in the neck that connected the shower head to the wall. When the shower was turned on, water sprayed from the neck and the wall of the shower. (Photographic evidence obtained)</p> <p>On 11/6/2024 at 10:43 am, while touring the [NAME] Wing, a blanket and towel were observed on the floor outside a restroom located near the nurses' station. (Photographic evidence obtained) The chrome water closet flushometer was disconnected from the toilet bowl. (Photographic evidence obtained) When the toilet was flushed water sprayed from the back of the toilet spilling onto the floor. (Photographic evidence obtained) Employee A, a Registered Nurse (RN), was seated at the nurses' station located across from the restroom. She called another staff member to come to assist and then picked up the blanket and towel that were on the floor. Employee C, a Certified Nursing Assistant (CNA), was located in a resident's room on the hall. She exited the resident's room with a blanket and placed it on the hall floor outside of the restroom door as Employee A had instructed her to do. When asked, Employee C stated they had been using linen to dry up the water. She stated the issue had persisted off and on for a while. She stated it was supposed to have been fixed on Monday [11/3/2024] and it was still leaking. Employee A was asked who used this restroom. She stated it was for resident use. There was no observation of an Out of Order sign on the door of the restroom nor was there anything in place to prevent/discourage residents from using the restroom. (Photographic evidence obtained)</p> <p>During an interview with Resident #3 in her room (#308) on 11/6/2024 at 10:57 am, the sink located in the resident's bathroom was observed not to be securely attached to the wall with a gap between the sink and the wall. When the resident was asked about the sink/wall, she stated that it had been that way for sometime and that she had reported it to multiple staff members. She stated that no one had come as of date to make the repairs. (Photographic evidence obtained)</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/6/2024 at 11:20 am, an interview was conducted with Employee B, CNA. She confirmed that she knew that the restroom was broken on the [NAME] Wing. She also stated that she had not reported the issue to anyone. She denied awareness of any ongoing plumbing issues. She stated she would report any concerns to the nurse. She added that the facility does have a system where work orders can be submitted, however, she had not been trained on how to do it.</p> <p>On 11/6/2024 at 11:48 am, an interview was conducted with Employee C. She stated the restroom on the [NAME] Wing had been out of order intermittently for approximately two weeks. She confirmed the restroom was for resident use only. When asked if the restroom was currently out of order. She replied, normally there would be a sign on the door if it was out of order, so I guess they're [the residents] using it. When asked about the repairs needed in the restroom, she stated that the toilet was broken and that water was coming up from the tiled floor.</p> <p>On 11/6/2024 at 12:29 pm, an interview was conducted with the Maintenance Director. He stated that all work orders should be submitted into the TELS system which sends alerts to his personal phone. He stated that a work order could be submitted by any staff member and he had a list of vendors used for maintenance services. He explained that once a maintenance issue had been identified, he had to contact the corporate office to provide an estimate for repairs verses the estimate to replace. He stated he hadn't seen anyone come in to repair the sinks since he'd been employed at the facility nor had he seen any estimates. He stated he was not aware of any current concerns with the plumbing or water leaks at the time.</p> <p>A tour of the facility was then conducted with the Maintenance Director. During a visit of the East Wing, he stated he wasn't aware of any concerns on this wing. Upon entering the shower room on this wing, he observed the sink present and stated that it needed to be repaired. After turning on the shower and observing the leak from the neck of the shower connected to the wall, he stated that it also needed to be repaired. Upon entering the [NAME] Wing, he stated that restroom was repaired on Monday [11/4/2024]. The towels and blanket were observed once again on the floor outside of the restroom door. He stated he was not aware that it was broken again. He was taken to the resident rooms (#107, #200, and #308) where he observed the sinks hanging from the walls. He commented that he had not inspected the entire facility and that he would repair the sinks. He referred to the building as dated and stated that it would take time to make all of the necessary repairs.</p> <p>On 11/6/2024 at 1:39 pm, a follow up interview was conducted with Employee A. She stated she typically worked on the [NAME] Wing. She stated maintenance issues were reported in the TELS system, an electronic reporting system. If something needed to be done immediately, she would report it in TELS and also send a group text message to the department heads, which included the Administrator. She confirmed her knowledge of the leak/flooding in the restroom on the [NAME] Wing. She stated that the area was usually wet adding, especially when it rains. She stated someone came in on Monday [11/4/2024] to repair the toilet and that she had not seen the toilet replaced. She stated the issue was not resolved and that all residents were able to use that restroom not just the residents on that wing.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/6/2024 at 2:05 pm, an interview was conducted with Employee F, Licensed Practical Nurse (LPN). She stated she contacted the Maintenance Director when there were maintenance issues. She used the computer reporting system for maintenance requests, however, she had been having issues logging into it. So, it was easier for her to call the Maintenance Director. She was aware of the issues with the resident restroom on the [NAME] Wing and was advised that it had been repaired, and that now it was broken again. She stated she had not reported this and said, This is an old building. There are always problems.</p> <p>A record review of Plumbing/Electric invoices provided by the facility revealed the following.</p> <p>10/03/24: Toilet tank rebuild</p> <p>10/04/24: Customer had a toilet with an old worn-out stud that came detached .</p> <p>10/07/24: Two toilets that were not draining and a shower that needed to be rebuilt</p>		