

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Pavilion at Jacksonville, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1771 Edgewood Ave W Jacksonville, FL 32218	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38804</p> <p>Based on record reviews and interviews, the facility failed to provide an appropriate discharge summary including a recapitulation of the stay, for two (Residents #54 and #208) of three residents sampled for discharges, from a total sample of 21 residents.</p> <p>The findings include:</p> <p>1. A record review revealed Resident #54 was admitted to the facility on [DATE] and was discharged on [DATE].</p> <p>A review of the admission minimum data set (MDS) assessment, completed on 4/1/24, revealed Resident #54 scored 00 out of 15 possible points on the brief interview for mental status (BIMS), indicating severe cognitive impairment. He was dependent for self-care. He had impairment on both sides and was always incontinent of bladder and frequently incontinent of bowel. The resident's family participated in the assessment. Discharge was not planned. Based on the assessment, the goal was to for Resident #54 to remain in the facility.</p> <p>An interview was conducted on 5/2/24 at 11:54 a.m. with Employee F, a physical therapist assistant (PTA) who was familiar with Resident #54. He stated the resident received therapy and was discharged home. He referred to the resident as being totally limp on the left side. He stated the resident required the use of a Hoyer lift (mechanical lift). He was unable to say if the resident was discharged with or had the necessary equipment at home.</p> <p>An interview was conducted on 5/2/24 at 1:37 p.m. with the Social Services Director (SSD) who stated Resident #54 was discharged home. She stated Resident #54 received home health and medical equipment; however, she could not provide any specifics or additional information on either.</p> <p>2. A record review revealed that Resident #208 was admitted to the facility on [DATE], and was discharged home on 4/8/24.</p> <p>A review of the 5-day MDS assessment, dated 2/28/24, revealed that Resident #208 scored 9 out of 15 possible points on the BIMS assessment, indicating moderate cognitive impairment. The resident required some assistance with self-care. He had no impairment in his upper/lower extremities.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 5/2/24 at 11:54 a.m. with Employee F, he stated Resident #208 was discharged based on insurance coverage. He stated to his knowledge the resident received therapy services at home. He could not provide any specific or additional information.</p> <p>During an interview on 5/1/24 at 1:23 p.m. with the SSD, she was asked to provide the discharge summaries for Residents #54 and #208. She stated a discharge summary was not done for either of the residents. In a follow-up interview at 2:55 p.m., she advised the survey team that the facility had not been providing discharged residents with a recapitulation of their stay at the time Residents #54 and #208 were discharged .</p>		