Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969504	A. BUILDING: _____ B. WING _____	03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN AT HOBE SOUND, THE	5785 SE PINEHURST TRL HOBE SOUND, FL 33455

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on . . . . . at Sheridan at Hobe Sound, The. The facility had deficiencies at the time of the visit.	A 000		
A 010 SS=D	429.26(..&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in	A 010		

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A 010	Continued From page 1 the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from	A 010		

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A 010	Continued From page 2 the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 3 Based on observation,interview and record review, the facility failed to ensure the Agency Resident Health Assessment, 1823 form was completed upon a significant change and reflective of the resident's current health status and care needs, for 1 out of 5 sampled residents (Resident #3). The findings include: In an observation of Resident #3 on at 11:16 AM, the resident was observed in bed with continuous ,, being administered by from an ,, concentrator unit at the resident's bedside. In an interview with the Interim Wellness Director at that same time, she stated that Resident #3 was receiving hospice services and Limited Nursing Services from the facility nursing staff. She stated that Resident #3 required continuous ,, for . Review of Resident #3's medical record indicated admission to the facility on . Review of Resident #3's current Resident Health Assessment form dated on indicated the medical diagnosis including ( ) and history of , and , . The form did not reflect the admission to hospice or any nursing services/ treatments that Resident #3 required. Review of Resident #3's facility nursing notes dated on indicated the resident was evaluated and placed on hospice services due to , decline. In an interview with the Administrator on	A 010		

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A 010	Continued From page 4 . . . . . at approximately 12:50 PM, he reviewed Resident #3's current Resident Health Assessment and confirmed that it did not reflect the resident was receiving hospice services and current medical condition. Class III	A 010		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the required monthly nursing assessment note for 5 of 5 sampled residents receiving Limited Nursing Services (LNS), (Residents #1- #5).	AN278		

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AN278	Continued From page 5 The findings include: Review of Resident #1's medical record indicated the resident had lower extremity [redacted] and was placed on Limited Nursing Services (LNS) for daily application and removal of medical support stockings. Review of the facility daily LNS progress notes indicated that the facility licensed practical nurse (LPN) was performing the task as ordered. Further review of the record indicated the last monthly LNS nursing assessment was completed on [redacted]. There was no documentation of the required monthly LNS nursing assessment for [redacted]. Review of Resident #2's medical record indicated the resident had lower extremity and was placed on LNS for daily application and removal of medical support stockings. Review of the facility daily LNS progress notes indicated that the facility LPN was performing the task as ordered. Further review of the record indicated the last monthly LNS nursing assessment was completed on [redacted]. There was no documentation of the required monthly LNS nursing assessment for [redacted]. Review of Resident #3's medical record indicated the resident required monitoring of [redacted] status. The resident was placed on LNS for daily continuous [redacted] application. Review of the facility daily LNS progress notes indicated that the facility LPN was performing the services as ordered. Further review of the record indicated the last monthly LNS nursing assessment was completed on [redacted]. There was no documentation of the required monthly LNS nursing assessment for [redacted].	AN278		

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AN278	Continued From page 6 Review of Resident #4's medical record indicated the resident had lower extremity and was placed on LNS for daily application and removal of medical support stockings. Review of the facility daily LNS progress notes indicated that the facility LPN was performing the task as ordered. Further review of the record indicated the last monthly LNS nursing assessment was completed on . There was no documentation of the required monthly LNS nursing assessment for . Review of Resident #5's medical record indicated the resident had lower extremity and required the use of a , . The resident was placed on LNS for daily monitoring and care of the and application and removal of medical support stockings. Review of the facility daily LNS progress notes indicated that the facility LPN was performing the services as ordered. Further review of the record indicated the last monthly LNS nursing assessment was completed on . There was no documentation of the required monthly LNS nursing assessment for or . In an interview with the Interim Wellness Director on at approximately 12:00 PM she stated that the monthly LNS assessments had not been completed due to a recent personnel change. She stated that she was responsible for monitoring the daily prescribed resident care but she could not complete the LNS monthly nursing assessment, since she was not a Registered Nurse (RN). She reviewed the residents records for the LNS monthly assessments and confirmed the assessments were unavailable for review. In an interview with the Administrator on	AN278		

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AN278	Continued From page 7 at approximately 12:45 PM he stated he was aware that a monthly LNS nursing assessment must be completed for each resident on LNS. He stated that the facility LNS RN had recently resigned. The Administrator stated that he would make arrangements to immediately arrange for the LNS monthly assessments to be completed for Residents #1-#5. Class III	AN278		