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
	AL11969022	A. BUILDING: _____ B. WING _____	07/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING FACILITY	2250 S SEMORAN BLVD ORLANDO, FL 32822

(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 A complaint investigation #2020012336 by desk was conducted at Assisted Living Facility on and . A deficiency was identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

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A 025	Continued From page 1 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure it provided care and services appropriate to the needs of 1 of 1 sampled resident and did not follow healthcare provider's orders. Findings: Resident record review for resident #1 revealed a health assessment report 1823 dated [redacted] that listed diagnoses of high [redacted] ( ), hypertensive [redacted], para [redacted] and nodule, poor vision. Had mild [redacted] -short term memory loss and was an elopement risk. Needed supervision with ambulation and bathing; assistance with eating- due to decreased vision. Independent with the other activities of daily living. Healthcare provider's orders as follows: - OK to see [redacted] doctor for right [redacted].	A 025		

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A 025	Continued From page 2	A 025		

Observations noted that on the bottom left side of the order page there was a check mark and indicated scheduled post Covid, [redacted] and staff initials [redacted].- Must see [redacted] doctor ASAP- 3rd request [redacted]/optometry consult - diagnosis [redacted]. Per family no intervention for [redacted]. Resident wants to be checked at local supercenter for new eyeglasses. [redacted] consult -right [redacted].

Facility notes indicated the following:

[redacted] Seen by doctor for [redacted], referred to [redacted] doctor for right [redacted], post Covid.
[redacted] Seen by doctor for [redacted], Referred to [redacted] doctor ASAP
[redacted] Called Power of Attorney (POA) regarding [redacted] doctor [redacted]. He refused the referral, as she (the resident) had been to so be seen to so many [redacted], so many times and nothing can be done. MD made aware.
[redacted] Seen by doctor, no right [redacted] intervention ([redacted]) per family. Resident requested to go to local supercenter for new eyeglasses.
[redacted] set for [redacted] at 11 AM at local supercenter -POA agreed. A facility certified nursing assistant will accompany resident. POA agreed if someone accompanied her.

The review revealed no evidence to confirm the facility contacted the resident or POA, regarding the referral to the [redacted] doctor, nor was there any written evidence the [redacted] was scheduled or although the referral/order was given 3 times.

In a telephone call with administrator on [redacted] at 9:30 AM who stated there may be

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A 025	Continued From page 3 additional information regarding the , , doctor , , and the POA's refusal to seek intervention. In a telephone with administrator and Director of Nursing on at 4:45 PM, the DON stated there was no additional documentation available. She said the nursing team was not always present when the resident saw the healthcare provider. The information may not have been passed to the healthcare provider. But the , , was set for after COVID. We failed to write the note. Class III	A 025		