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
	AL11968269	A. BUILDING: _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARAH HOUSE III, THE	1001 OLD TOMOKA RD ORMOND BEACH, FL 32174

(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 biennial re-licensure survey, a complaint investigation (complaint number 2020017022), a Focused Control survey and Emergency Environmental Control Plan monitoring survey were conducted at Sarah House III Assisted Living Facility from to . Deficient practice was identified at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for 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	A 025		

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A 025	Continued From page 1 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. (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 observation, interview, and record review, the facility failed to maintain a written record of a change of condition that resulted in the provision of additional services for one out of three sampled residents (Resident #3). The findings include: Review of the physician's orders for Resident #3 dated revealed the following: "Patient has a on her right ⌣ and ⌣. [Home health] will be ordered for care. Referral	A 025		

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A 025	Continued From page 2 Reason: skilled nursing for care to on right and ," (Photographic evidence obtained). There were additional orders for medications and on , there was an order for care: "Apply 1 application daily. Her right , is dressed, and the bandage is clean and dry, but there is a odor to it. 10. Left , (is on right ,): Home Health for care. Area is dressed today and not visualized. is clean and dry w/o drainage. Will order alternating pressure , mattress. odor noted. DS twice a day x 10 days." The order dated read: " Hyalite 100mg x 10 days. Give 1 tablet twice daily x 10 day for right , (Photographic evidence obtained)." During an interview with the Health and Wellness Director on at 9:10 am she stated that Resident #3 had a on her , and Home Health was providing care for it. She had not seen the . She did not know how Resident #3 got the . During an interview with Employee A, Shift Manager, on at 3:57 pm, she confirmed the area on Resident #3. She stated, "It is on her right , . I have never seen it. There is always a bandage on it. Home Health comes in to provide care. It started out as a . I'm not sure how she got the , but it is much bigger now. I think it is healing, though". The Home Health Agency staff gave her verbal updates about Resident #3's condition. During an interview with the Director of Operations on at 4:45 pm she confirmed that Resident #3 had care nurses from the Home Health Agency providing	A 025		

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A 025	Continued From page 3 the care. She was not sure how long the resident has had the . She did not know if it was now or not. She knew it had been. She stated she does not have any documentation from the Home Health Agency regarding the care. Review of the clinical record for Resident #3 revealed no documentation regarding care to the , area from the Home Health Agency providing the care. During a telephone interview on at 11:25 am with the Home Health nurse providing the care for Resident #3, she stated that the on Resident #3 was not a , . It was a . The resident was receiving care three times per week. It had been done daily. She confirmed that she has not provided any documentation to the facility regarding the care. She stated her office would provide it if the facility requested it. The facility's Protocol For Home Health Agencies was reviewed and it mandated "3. It is the responsibility of each Health Care Agency to be in in compliance with all State Regulations relating to staffing and resident care. 4. Please make sure any changes in medication, or services is approved with the resident or their Health care Proxy. This is the [facility] way and our families are put at ease knowing nothing will be done, no changes made in their loved ones care without their approval. 5. All communications must be with Shift Mangers or the Community Manager". The policy did not state specifically that communication would be in writing or that documentation from the provider would be required (Photographic evidence obtained).	A 025		

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A 025	Continued From page 4 Class III	A 025		