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
	AL11968716	A. BUILDING: _____ B. WING _____	04/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM BAY MEMORY CARE	350 MALABAR RD SW PALM BAY, FL 32907

(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 survey #2022001120 was conducted on [redacted] at Palm Bay Memory Care. A deficiency was found at the time of the visit.	A 000		
A 025 SS=D	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 Resident Care Standards. 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.	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1	A 025		

(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 record review and interview the facility failed to supervise and monitor residents who were assessed to be at risk for for 1 of 3 residents (#1).

Findings:

In a review of resident #1's health assessment dated it revealed the resident has a medical history to include , , , , , and . It also confirmed assistance was need with bathing, , self-care, toileting and transferring.

In review of the facility's policy for it states risk for possible shall be determined by a

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A 025	Continued From page 2 licensed health care provider and indicated on the health assessment form. If indicated resident will be referred to third party providers for interventions. In review of resident #1's facility nursing notes from [illegible] to present revealed the following [illegible] occurred: [illegible] resident sitting on ground in courtyard stated she tripped and [illegible]. She was assisted by staff. Resident noted with [illegible] to right arm [illegible]/20221 resident had slip and [illegible] denies [illegible] will continue to monitor [illegible] resident had slip and [illegible] no discomfort will continue to monitor [illegible] resident had witnessed [illegible] in am in the hallway in front of med room. Resident tripped over pants [illegible] to right [illegible], will continue to monitor [illegible] resident was walking down hallway when she tripped and [illegible] on [illegible]. Complained of [illegible] to left [illegible]. Orders for [illegible] slight [illegible]. [illegible] resident was found sitting on her [illegible] in front of the gazebo. Resident has small [illegible] to right arm, complaining of [illegible] to [illegible] and [illegible]. [illegible] Resident was found scooping along the ground outside, resident was able to get up without assistance. [illegible] resident complaining of [illegible], when lifting. She guards and makes grimacing when touch left arm. New orders for x ray. [illegible] 11:47 am resident out to Palm Bay hospital via coastal. 5:45pm resident returned to facility with sling on arm, Resident incurred [illegible] to right [illegible]. [illegible] resident had unwitnessed [illegible] in courtyard around 0830. Resident was found lying on her right side with [illegible] coming from [illegible] area.	A 025		

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A 025	Continued From page 3 Resident has a . . . . on upper , . In an interview on . . . . . at 12 pm with resident #1's adult child, who stated that her mother has had many . . in the facility with no explanations and no interventions. She further stated no interventions have been put in to place to prevent . . from occurring. In an interview on at 3pm with the Director of Nursing, who confirmed there was no preventions or program in place at the time of the incidents. She stated she did not think that the health assessment should have been updated as there is no significant change for resident#1 and therefore did not confer with the licensed health care provider. In an interview with the administrator on . . . . . at 11am stated the previous administrator and the wellness director referred to Rule 58A-5.0181 to determine that Mrs. Gold did not have a significant change and that is why they did not update the 1823. She confirmed no interventions or frequent supervision has been put in to place for resident #1 to prevent at this time. Class III	A 025		