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 _____ | 10/21/2022 |

| 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 |
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| A 000 | Initial Comments<br><br>Complaint investigations #2022010899 and #2022011074 were conducted on [redacted] and [redacted] at Palm Bay Memory Care. Deficiencies were identified at the time of survey. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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]. 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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule | A 025 | | |

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| A 025 | Continued From page 1<br><br>59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record reviews and interviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs of the resident to ensure safety through proactive measures to minimize the potential for . . and injuries for 1 of 3. (#4)<br><br>Findings:<br><br>Review of resident #4 record revealed she was admitted on . Her resident Health Assessment Form (1823) was dated . . . . . Her diagnoses included , , and risk. Her 1823 indicated she was independent with ambulation, eating, and | A 025 | | |

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| A 025 | Continued From page 2<br><br>transferring. She required assistance for bathing, [illegible], grooming, and toileting. Resident #4 record included a service plan updated [illegible] that indicated resident #4 was on safety checks every hour. The staff were to get resident out of bed in the morning. The resident is at risk for [illegible] due to poor safety awareness. Resident is under hospice care.<br><br>Review of the facility notes documented on: [illegible] resident had two [illegible] resident transferred to the hospital for injury and returned to the facility within 24 hours.<br><br>A review of the facility's meeting minutes dated documents the hospice social worker will meet with family regarding 1:1. There was no documentation of 1:1 care. Resident was not observed to have 1:1 care. No documentation the facility or hospice discussed 1:1 care with hospice or the family.<br>A review of resident #4 Hospice care plans revealed an addendum to her plan of care on . It documents resident requires one person assist with transfer and mobility.<br>A review of hospice records/interdisciplinary care plans dated revealed hospice was providing a caregiver 5x a week to assist with bathing and ADL care.<br><br>On at 11am surveyor requested the facility's policy from the Administrator. At 12pm the administrator confirmed he was unable to provide a policy. The administrator confirmed resident #4 had multiple . There was no documentation of a discussion with | A 025 | | |

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| A 025 | Continued From page 3<br><br>residents' family or hospice regarding 1:1 as documented in the facility meeting on . He said the facility did not provide one on one care because they were not going to pay for that.<br><br>Class III | A 025 | | |