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 _____	R 02/16/2023

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 revisit survey was conducted on at Palm Bay Memory Care. The deficiency remained uncorrected at the time of the revisit.	{A 000}		
{A 025} SS=G	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 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 (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 interviews and record reviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for and injuries for 3 of 5 sampled residents (#1, #2 & #3). Findings: 1. Resident #1's record revealed an admission date of . The record contained a Resident Health Assessment form (1823) dated . Her diagnoses included , , , and pubic .	{A 025}		

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{A 025}	Continued From page 2 Review of the facility notes revealed the following: On . . . . . at 3:46 PM, the resident was found sitting on the floor in the dining room. On at 3:12 PM, the resident was found sitting next to wheelchair. On . . . . . at 10:23 PM, the resident was found sitting on the floor near her wheelchair. On at 1:30 PM, the resident outside witnessed by another resident. She complained of , . She was transferred to the hospital via ambulance hospital and returned the same day. On at 7:35 AM, the resident was found on the floor. She stated she hit her . . . . On . . . . . at 1:40 PM, the resident was found on the floor. She said she on her bottom. On at 5:45 PM, the resident had from the bridge of her . . . and an . . . . . . On . . . . . at 10:15 AM, the resident was found sitting on the ground in the courtyard with dried . . . . under her . and an . . . . . under her right , , and the tip of the . . and , . 2. Resident #2's record revealed an admission date of . . . . . . The record contained an 1823 dated . The diagnoses included . . . . . , increased . . . . . , and . . , . . . precautions. The resident required supervision with eating and assistance with transfer, ambulation, toileting, grooming, and bathing. Review of the facility notes revealed the following:	{A 025}		

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{A 025}	Continued From page 3 On at approximately 7:20 AM, the resident was observed sitting on the floor in his room. He said he slip out of bed. On at 2:21 PM, the resident was observed sitting on the floor in his room. On at 8:10 PM, the resident was observed lying on the floor with a to the of his . On at approximately 5:30 AM, the resident was found lying on the floor. On at 11:10 AM, the resident was found lying on his in the bathroom with a to his right . On at 7:03 AM, the resident was observed lying on the floor in his room. He had discoloration to his right and left , . He was transferred to the hospital via ambulance and was diagnosed with a / to his forehead. On at 8:10 PM, a late note was documented for the resident's admission. Review of the facility's report revealed on , resident #2 was found on the floor in his apartment at 7:10 AM. He was last seen at 10:30 PM on . On at 10:15 AM, the Administrator confirmed resident #2 was not checked or provided any assistance from 10:30 PM on until he was found on the floor at 7:10 AM on . She said there was a lack of	{A 025}		

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{A 025}	Continued From page 4 communication between the shifts and the night staff did not know resident #2 was admitted on ..... 3. Resident #3's record revealed an admission date of . The record contained an 1823 dated ..... Her diagnoses included , , , and . She required supervision with transfer, ambulation, toileting, grooming, and bathing. Facility notes revealed on at 4:31 PM, a hematoma was noted to the resident's left forehead. She also complained of left arm , . She was transferred via ambulance to the hospital for evaluation and was diagnosed with a left arm ..... and a .. injury that required her to wear a . The facility's prevention policy revealed they would assess each resident for risk and each resident would receive care and services with their individualized level of risk to minimize the likelihood of . If a resident experienced a , the facility would review the resident's Plan of Care and update it as indicated. On at 4:52 PM, the administrator said some of the nurses' notes documented "safety precautions in place" and "check frequently". She confirmed there were no specific individualized mitigating strategies to decrease the likelihood of .. documented on resident #1, #2, and # 3's plans of care. Class II	{A 025}		