

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967456	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SILVER CREEK ASSISTED LIVING ST CLOUD

**2910 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34772**

(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 #2023002577 was conducted on 02/23/2023 at Silver Creek Assisted Living Facility. There were deficiencies identified at the time of the survey.	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 _____ 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	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 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 record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision for 1 of 2 residents sampled who sustained a with injury (#2). Findings: Resident #2 record review revealed she was admitted on . The record contained a Resident Health Assessment form (1823) dated . Review of 1823 revealed the resident was a . risk and was . and forgetful. Resident #2's diagnoses included ,	A 025		

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A 025	Continued From page 2 , and The resident was independent with ambulation, eating, and grooming. The resident needed supervision with bathing, toileting, and transfer. Review of a facility note dated documented the resident was in the hospital. No time was documented. Review of the hospital notes in resident #2's record revealed she was transferred via ambulance after a with a injury on The resident was diagnosed with a trace left hematoma. She was admitted to then discharged from the hospital on Further review of the facility notes revealed an untimed note dated which documented the resident had a shower. The record did not contain a note with the time and date of her return to the facility. On/23at 1:30pm in an interview with the administrator she said resident #2 walks independently. She usually sits in the recliner in the living room during the day. If she gets up, the staff sees her. She in the bathroom very early in the morning and was sent to the hospital as a precautionary measure because she hit her The administrator confirmed resident #2 was admitted to the hospital for a injury sustained during an unwitnessed A policy was requested. On at 2pm the Administrator confirmed no policy could be provided. Class III	A 025		

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NAME OF PROVIDER OR SUPPLIER SILVER CREEK ASSISTED LIVING ST CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772		
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A 030 A 030 SS=D	Continued From page 3 59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____ Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030 A 030			

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A 030	Continued From page 4 facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State	A 030		

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A 030	Continued From page 5 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	A 030		

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A 030	Continued From page 6 prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.	A 030		

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A 030	Continued From page 7 (I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and _____, Rights Florida.	A 030			

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A 030	Continued From page 8 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe and decent living environment. Findings: On at 8:55am upon arriving at the facility, plywood and old 2 x 8 lumber were observed next to the dumpster. Upon entrance to the facility surveyor found the entry way and small dining area were barricaded off with chairs and furniture. The floors were bare plywood which caused an elevation difference where the vinyl floor started. At 9:05am in an interview with the owner via telephone. He said the floor being replaced is just	A 030		

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A 030	Continued From page 9 cosmetic and not a major repair. He did not hire a contractor or get any permits. A handyman who lives next door is doing the repairs. He said there was a leaking pipe under the house that caused the floor damage. He had the pipe fixed about 3 months ago. The floor repairs started on Monday and now they are waiting for the vinyl to come in. At 9:10am a tour of the facility found the floors outside of felt soft when stepped on. There were screws in the vinyl flooring just outside The doorframe for was soft and the plastic over the particle board was loose and separated from the door frame. The particle board was damp and had a black substance on it. Tour of the resident rooms and bathrooms found black spots on the wall around the shower in the bathroom between There were 2 areas on the ceiling that appeared damp and had a black substance on them in the bathroom in The bathroom ceiling in had a grey/black substance on and around the vent and fan. Photographic Evidence was Obtained At 9:15am the Administrator and the Administrator in training (AIT) said in an interview, the floor between is supposed to be replaced on Saturday When asked what was the plan for the 4 residents that live in those rooms she said, "the repair will be fast." At 9:20am the AIT confirmed the damp areas with black and/or gray substance on door frame of in restrooms in and the bathroom between	A 030		

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A 030	Continued From page 10	A 030		
	Class III			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and	A 152		

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A 152	Continued From page 11 personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe living environment free of hazards and to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: On at 8:55am upon arriving at the facility, surveyor saw plywood and old 2x8 lumber next to the dumpster. Upon entrance to the facility surveyor found the entry way and small dining area were barricaded off with chairs and furniture. The floors were bare plywood which caused an elevation difference where the vinyl floor started. At 9:05am in an interview with the owner via telephone. He said the floor being replaced is just cosmetic and not a major repair. He did not hire a contractor or get any permits. A handyman who lives next door is doing the repairs. He said there was a leaking pipe under the house that caused the floor damage. He had the pipe fixed about 3 months ago. The floor repairs started on Monday and now they are waiting on the vinyl to come in. At 9:10am a tour of the facility found the floors outside of felt soft when stepped on. There were screws in the vinyl flooring just outside. The doorframe for was soft and the plastic over the particle board was loose and separated from the door frame. The	A 152		

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A 152	Continued From page 12 particle board was damp and had a black substance on it. Tour of the resident rooms and bathrooms found black spots on the wall around the shower in the bathroom between There were 2 areas on the ceiling that appeared damp and had a black substance on them in the bathroom in The bathroom ceiling in had a grey/black substance on and around the vent and fan. (Photo evidence was obtained) At 9:15am the Administrator and the Administrator in training (AIT) said in interview, the floor between is supposed to be replaced on Saturday When surveyor asked what was the plan for the 4 residents that live in those rooms she said, "the repair will be fast." At 9:20am the AIT confirmed the damp areas with black and/or gray substance on door frame of, in restrooms in, and the bathroom between Class III	A 152			
CZ821	59A-35.110() FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of	CZ821			

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CZ821	Continued From page 13 occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No	CZ821	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967456	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SILVER CREEK ASSISTED LIVING ST CLOUD

**2910 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34772**

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CZ821	Continued From page 14 o=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal . 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779 , and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal . 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780 , and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal . 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section	CZ821		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER SILVER CREEK ASSISTED LIVING ST CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772		
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CZ821	Continued From page 15 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to \$50 per day late not to exceed \$500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.	CZ821			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER SILVER CREEK ASSISTED LIVING ST CLOUD			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772		
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CZ821	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required for 1 of 1 resident sampled (#2). Findings: Resident #2 record review revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated . Review of 1823 revealed she was a risk. She was . and forgetful. Her diagnoses included . and . She was independent with ambulation, . eating, and grooming. Supervision with bathing, toileting, and transfer. Review of a facility note dated . documented resident was in the hospital. No time was documented. Review of the hospital notes in resident #2 record revealed she was transferred via ambulance after a with injury on . She was diagnosed with a trace left . hematoma. She was admitted to . then discharged from the hospital on . Further review of the facility notes revealed an untimed note dated which documented Lois had a shower. Her record did not contain a note with the time and date of her return to the facility. On . /23at 1:30pm in an interview with the administrator she said resident #2 walks	CZ821			

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CZ821	Continued From page 17 independently. She usually sits in the recliner in the living room during the day. If she gets up, the staff sees her. She in the bathroom very early in the morning and was sent to the hospital as a precautionary measure because she hit her The administrator confirmed resident #2 was admitted to the hospital for a injury sustained during an unwitnessed She confirmed she did not report the incident because the resident did not break anything. Unclassified	CZ821		