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
	AL11965048	A. BUILDING: _____ B. WING _____	05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AT OVIEDO	1725 PINE BARK OVIEDO, FL 32765

(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 #2022018631 was conducted on [redacted] at Madison at Oviedo. There was a deficiency 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 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 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	A 025		

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 records reviews and interview, the facility failed to provide supervision to prevent for 5 out of 5 sampled residents (1, 2, 3, 4 & 5).

Findings:

1. Resident#1's record revealed an admission date of on the assisted living side and a date of discharge . Resident#1's medical history included and legal . Resident required assistance with daily living to include assistance with ambulation and supervision with bathing and

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A 025	Continued From page 2 transferring. In a review of resident#1's facility notes revealed the following: 8:40am Resident hanging off the bed with and on floor and , and still on bed. Resident noted but breathing normally. Brown substance coming out of and 2; large one on each arm. called and transferred to hospital. 4pm Resident had 2 unwitnessed observed sitting on floor. Resident stated she was trying to get into her wheelchair and slipped. Resident stated the second occurred when she was trying to get into bed. 7:09pm Resident had unwitnessed in her room. 8:39am Resident had unwitnessed was observed lying on the floor on her next to her bed. 7:50pm Resident observed sitting on floor next to bed leaning her on the frame, soreness on . 7:08pm Resident observed sitting on floor by her bed. 8:15am Resident observed lying on the floor on her left side at the of her bed. to left . 2. Resident#2's record revealed an admission date of into the assisted living side and a discharge date of . Resident#2's medical history included Hypernatremia, , and Advent Health hospice services. Resident needs total care with all assistance with	A 025		

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A 025	Continued From page 3 daily living, poor concentration, oriented to person only. Review of resident#2's facility notes revealed the following: 7:10pm observed resident this evening with hanging off the side of the bed and resident grabbing on side of rail attempting to get up. 8:00am Resident had an unwitnessed resident on floor next to bed. 3. Resident#3's record revealed an admission date of into the assisted living side and a discharge date . Resident#3's medical history included 's, and , uses a wheelchair and is alert with . Resident needs assistance with daily living to include ambulation, bathing, , toileting, transferring and supervision with self-care. In a review of resident#3's facility notes revealed: 5:50am Resident had unwitnessed in her room. Resident was lying on the floor with , . Small on left . 4. Resident#4's record revealed an admission date of , resident is . Resident's a medical history showed with behavioral disturbances, , , Type II, D Deficiency, and . Resident had significant deficiencies, requiring reminders, and redirecting. Reviewed facility notes: 5:45pm Resident had unwitnessed falling memory care dining room. Resident found lying	A 025		

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A 025	Continued From page 4 on the ground on her left side with her walker next to her. the resident resided in the memory care unit. 5. Resident#5's record revealed an admission date of and discharge date of . Resident#5's medical history includes lower , Hypertensive , II, , physical cane recommended for safety. Resident requites assistance with daily living to include supervision with ambulation, bathing, , and transferring. Physical Cane recommended for safety. Review of resident#5's facility notes reveal the following: 7:45pm Resident had unwitnessed observed resident lying on floor on his left side. Resident could not recall how he . Resident complaining of , with movement of right and noted and to left thumb. 7:35pm Resident had an unwitnessed and got up on his own, had a large and small on his and . resident tripped over his cane and on his . 2:13pm Resident had unwitnessed in his room. Resident observed by staff sitting in a seat in his bathroom. Resident sustained a large to his right and a small on his left . In an interview on at 12:00pm with the wellness director, she confirmed the above findings and stated she was not aware of any interventions that were put into place to prevent	A 025		

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A 025	Continued From page 5 . . from happening. Class III Photographic Evidence Obtained.	A 025		