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
	AL11968713	A. BUILDING: _____ B. WING _____	10/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARING FACILITY INC 2	924 HIGH ST, APT A & B COCOA, FL 32922

(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 Two complaint investigations #2023010847 and #2023011483 and a generator monitoring was conducted at Sharing Facility Inc. 2 Assisted Living on 10/13/2023. The facility had deficiencies 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 dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. 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 appointments 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	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 resident diets in accordance with Rule 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 observation, resident record review and interview, the facility failed to maintain written documentation regarding surgery for 1 of 4 sampled residents (#3) that resulted in medical attention and discharged care as required. Findings: Resident #3's record review revealed admission date 10/31/2016. The last 1823 Health Assessment dated 7/27/2023 listed medical history of Diabetes insulin dependent, End stage renal disease, Hypertension, Hypoglycemia, Chronic Kidney Disease, Hyperglycemia,	A 025		

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A 025	Continued From page 2 Gastroparesis, and Diabetic Neuropathy. She needs assistance with all her activities of daily living (ADLs) except for independent with eating. She wears eyeglasses and ambulates with a walker. She needs assistance with self-administration of medications. Furthermore, a physician order dated 4/20/2019 that resident #3 can self-administer her own insulin and a new physician order dated 9/22/2023 to check blood sugar at bedtime every night. An observation on 10/13/2023 at 11:57 AM, of resident #3 was wearing a foot shoe brace on her right foot while ambulating carefully with her walker. An interview on 10/13/2023 at 12:10 PM with resident #3 explained to me that she had her pinky toe amputated a month ago and have to wear the shoe brace. She said later she is going to see her doctor for update of healing. She further stated that she is doing well, and the home health nurse comes every week to check and clean the wound. There were no facility notes about resident #3's foot surgery last month and there was no home Health documentation to show how often the home Health agency nurse was required to come and no orders for care and treatment. On 10/13/2023 at 2 PM, the Administrator called the home Health agency to request the documentation and further stated that she did not know that she had to get their documentation when they come to visit. It was further explained yes, because the resident and family can see the duration that is billed. The Administrator agreed. The administrator also stated that it was an	A 025		

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A 025	Continued From page 3 oversight for not writing facility notes in resident #3's file about the foot surgery last month. She stated she will update with a late entry. On 10/13/2023 at 3:30 PM, an interview with the Administrator confirmed the findings. Class III	A 025		

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	AL11969806	A. BUILDING: _____ B. WING _____	R 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMITA CARE ASSISTED LIVING FACILITY, LLC	962 PINELAND DR ROCKLEDGE, FL 32955

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{A 000}	Initial Comments A desk review was conducted on October 26, 2023, the re-licensure survey for Carmita Care Assisted Living facility, LLC. The deficiencies were found to be corrected at the time of the desk review.	{A 000}		

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