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 |
|---|---|---|---|
| | AL11969905 | A. BUILDING: _____ B. WING _____ | 12/04/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BENTON HOUSE OF OVIEDO | 1915 W COUNTY RD 419 CHULUOTA, FL 32766 |

| (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>A complaint investigation #2023013616 was conducted on [redacted] at Benton House, Oviedo. A deficiency was found at the time of the visit. | A 000 | | |
| A 025 SS=G | 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 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.<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 | | |

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<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 record review and interview the facility failed to provide care and services appropriate to meet the needs of residents who were at risk for . . . for 2 of 2 sampled residents (#1 & #2) accepted for admission to the facility.<br><br>Findings:<br><br>In a review of resident#1's record and health assessment dated . . . . . revealed an admission date and resides in memory care unit. The health Assessment lists a medical history of and , with assistance with daily living to include bathing and self-care and a risk. | A 025 | | |

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| A 025 | Continued From page 2<br><br>Review of the resident #1's observation notes from . . . . . revealed the following . . and injuries:<br><br>family called facility around 11:40 pm and told staff that around 10:23pm the resident had . from what they can see on the surveillance camera. Family member said it looked like she was asleep and just . Staff let the family know after 10:00 pm rounds the staff went . to check on resident and saw her sitting on the floor reaching for a piece of paper. The resident had no new injuries and did not have any discomfort. The resident was agitated and did not want vitals taken, all she wanted was to go to bed. ED notified.<br><br>Incident Reports:<br>Staff finishing up rounds when resident was getting off couch in the living area resident took a few steps and tripped over her own and hit her . . . . 911 was called because the resident was ˬ above right ˏ . Emergency Medical Services (. . . .) arrived and took the resident to Oviedo medical center.<br>. . . . . Resident went into another resident's room. When the staff went to get the resident out of room resident became agitated and started to swing at staff and hit the table in the resident's room. Resident has small . . . . on right arm above her .<br>. . . . . Staff observed resident sitting on floor. There was clutter in the resident's pathway resident was upset and agitated vitals were not taken as resident refused. No injuries noted Family notified.<br>Staff witnessed resident in bathroom floor during morning rounds. Staff noticed a lump above the left ˏ size of golf ball. Emergency | A 025 | | |

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| A 025 | Continued From page 3<br>services was called resident transported to hospital.<br><br>There was no evidence of a care plan with interventions for and preventing injuries and .<br><br>2. In review of resident#2's record and health assessment dated revealed an admission date of and resides in the memory care unit. The Health Assessment lists a medical history of , , , , , , , with assistance with daily living to include bathing, self-care, ambulation, and a risk.<br><br>Review of the resident's observation notes revealed in 2022:<br><br>Staff observed a family member's voice, she . Resident was on the ground in between dining room and entertainment room. Resident tried to reach over with her right to grab onto the left handle of her walker as if she was trying to turn. Walker tilted and the resident lost her balance and . Witnessed resident sitting down on floor in front of her chair with shoes on. Resident reported that she was trying to get up but lost her balance and . No injuries . Resident was witnessed lying on the floor on her with straight in front of her. Resident stated her hurt and she pointed to the of her . No bump was seen. 911 called transported to hospital.<br>There was no evidence of a care plan with interventions or preventing .<br><br>In review of the facility's policy, it revealed the following protocol: | A 025 | | |

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| A 025 | Continued From page 4<br><br>risk is evaluated regularly prior to move in and semiannual. During the assessment interventions will be identified to assist residents in potentially reducing the risk of . . . Intervention within 24 hours of . Weekly ED/ . meeting review all residents with 2 or more . within a 30-day period. Review and complete . management cue sheet for each resident with 2 or more in 30 days or 3 in 6 months. There was no evidence of this protocol for resident #1 or #2.<br><br>In an interview on at 11am with the director of nursing, he confirmed he was new at the facility and had not put any interventions into place and did not do a . assessment for resident#1 or #2 who are designated as risks on their health assessments.<br><br>In an interview on . . . . . at 12pm with the administrator, she confirmed the above findings and stated her position was new and had not had a chance to look over any of the . risk residents . care plans or to see if they had one.<br><br>Photographic Evidence Obtained<br><br>Class II | A 025 | | |