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
	AL11970098	A. BUILDING: _____ B. WING _____	C 01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF NARCOOSSEE	2910 N NARCOOSSEE RD SAINT CLOUD, FL 34771

(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 survey for complaint #2023016070 was conducted on [redacted] at Benton House of Narcoossee Assisted Living Facility. There was a deficiency identified at the time of the survey.	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 [redacted] 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 [redacted]. 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 [redacted] 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 observation, interview, and record review the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision for 1 of 5 sampled residents who sustained . Resident #2 sustained multiple resulting in injury. Findings: On documented at 6:55am resident #2 was found sitting on a chair in tears. She was transferred to the hospital where she was diagnosed with a of the left . Surgery was required to repair the .	A 025		

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A 025	Continued From page 2 A review of resident #2 record revealed she was admitted on . She lived in the secured memory care unit. Her record contained a Resident Health Assessment Form (1823) dated . Her diagnoses included a left , , and of t5-t6. She required supervision with ambulation, grooming, toileting, and transfers. She required assistance with bathing and . A review of the facility notes revealed: On documented at 6:49pm resident tried to get up from her wheelchair, which was not locked, and slid to the floor. On documented at 2:27pm resident returned to the facility after completion of rehab. On at 6:41am the resident was found in her room sitting on a chair in tears. The resident complained of in her right . The resident was assessed and was unable to stand or walk. She was transported to the hospital. where she was diagnosed with a left . On 11:30pm the resident was found on the floor in her room. On at 10am witnessed . The resident was doing a daily walk with the activity director, and she tripped and . On at 10:30pm witnessed . Resident noted sitting in doorway of her room.	A 025		

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A 025	Continued From page 3 A review of the residents Individual Service Plan did not find any interventions documented. On at 10:32am an interview with resident #2 was conducted. She was observed sitting in a wheelchair in the dining/common area of the memory care unit. She denied any or discomfort. She was unable to answer any questions related to . On at 1:30pm an interview with staff D was conducted. She said resident #2 gets up out of bed after being put to bed. Since she , she has been using a wheelchair. A review of the facility policy titled RESIDENT RISK MANAGEMENT dated revised revealed: The policy documents in section 3b "Identified interventions are implemented within 24 hours of the ." In section 3c "Resident care plan is updated to reflect any new interventions." In section 3g "If a resident continues to , a private duty attendant may be required to attempt to prevent while a notice to vacate is provided." The last paragraph titled Special Consideration for Memory Care Section A. "A resident who is at risk for but is not aware of these risks is not appropriate for residency." On at 1:20pm in an interview the Administrator confirmed resident #2 had multiple . She confirmed there were no individualized interventions on resident #2 Individual Service Plan. (Photo evidence obtained)	A 025		

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A 025	Continued From page 4 Class II	A 025		