

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965625</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/08/2024</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ACTIVE SENIOR LIVING RESIDENCE**

**9057 NW 57TH STREET  
TAMARAC, FL 33351**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 000                    | Initial Comments<br><br>An unannounced Limited Nursing Services ( LNS) Monitoring survey was conducted on ..... at Active Senior Living Residence. The facility had LNS deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 000               |                                                                                                                          |                          |
| AN278                    | 59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records<br><br>59A-36.022<br>(3) RECORDS.<br>(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.<br>(b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff.<br>(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.<br><br>429.07 (3)(c)2, FS<br>A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health...<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to maintain required Nursing Progress Notes for resident care for 2 of 2 sampled residents receiving Limited Nursing Service (LNS) Resident #1 and Resident #2.<br><br>The findings include: | AN278               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| AN278                    | <p>Continued From page 1</p> <p>1. Resident #1 was admitted to the facility with a medical diagnosis including _____ and on hospice services. The resident requires assistance with bathing, _____, and toileting. The resident uses a wheelchair for mobility.</p> <p>Resident #1 was observed on _____ at approximately 9:30AM sitting in her wheelchair. There was a bandage on her right lower _____ and numerous reddened, discolored skin areas on both lower extremities.</p> <p>Review of the LNS Admission and Discharge Register log reveals Resident#1 was placed on LNS on _____ for care with activities of daily living. Further review revealed the resident had sustained a lower extremity _____ and was ordered _____ care on _____.</p> <p>Review of the facility nursing progress notes starting from _____ reveals no documentation of an initial LNS nursing assessment of the _____ and no monitoring of the resident's skin integrity and _____ status.</p> <p>2. Resident #2 was admitted to the facility with medical diagnosis including _____, retention and has a _____ in place. Resident #2 is alert but _____ and unable to care for the _____. The resident requires assistance with _____ care. The resident receives monthly _____ changes from an outside 3rd party provider. During an interview with Resident #2 on _____ at approximately 11:00 AM when asked if he was receiving _____ care from the facility staff, the resident stated he was unable to care for the _____ and that the staff assist him with the _____.</p> | AN278               |                                                                                                                          |                          |

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| AN278                    | <p>Continued From page 2</p> <p>Review of the LNS Admission and Discharge Register log reveals Resident #2 was placed on LNS services on _____ for _____ care.</p> <p>Review of the facility nursing progress notes for Resident #2 from _____ reveals no documentation of the facility LNS nursing care provided to monitor and care for the _____.</p> <p>During an interview with the Wellness Nurse on _____ at approximately 10:30 AM, she confirmed that Resident #1 and Resident #2 were admitted to the LNS care. She stated that Resident #1 has very fragile skin and had sustained an lower _____ skin injury. She stated that the hospice nurse performs the ordered _____ care treatment 3 x week. The Wellness Nurse stated that she does not document the _____ status in the facility daily nursing progress notes. She stated that Resident #2 was receiving daily _____ care from the facility staff. She confirmed there was no nursing documentation of any observation/ monitoring of the _____ function and _____ status. She acknowledged the residents should be monitored for _____ care and nursing care documentation completed appropriately.</p> <p>Class III</p> | AN278               |                                                                                                                          |                          |