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
	AL11965625	A. BUILDING: _____ B. WING _____	R 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33351

(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 An unannounced Limited Nursing Services (LNS) Monitoring revisit survey was conducted on at Active Senior Living Residence. The facility had uncorrected LNS deficiencies (N278) at the time of the visit.	{A 000}		
{AN278}	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS 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... This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain required Nursing Progress Notes for resident care for 1 of 1 sampled residents, Resident #2 who is receiving Limited Nursing Service (LNS). The findings include:	{AN278}		

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{AN278}	Continued From page 1 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 10:45 AM when asked if he was receiving care from the facility staff, he stated staff assist him with the . Review of the LNS Admission and Discharge Register log reveals Resident#2 was placed on LNS services on for care. Further review of the facility LNS log revealed 13 names of other residents who were listed as requiring Activities of Daily Living (ADL) service and were also admitted to Hospice. See photographic evidence. Review of the facility nursing progress notes for Resident #2 from to present date reveals inconsistent documentation of the facility LNS nursing care provided to monitor and care for the . Further review of the progress notes for Resident #2 revealed gaps in the daily nursing documentation of care. See photographic evidence. In an interview with the Wellness Nurse on at approximately 11:45 AM, she stated Resident #2 continues to receive daily care from the facility aides. She confirmed that she monitors Resident #2's daily when she is on duty, but acknowledged that she has not been consistent	{AN278}		

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{AN278}	Continued From page 2 with her daily documentation of her observation/ monitoring of the function and status in the progress notes. She acknowledged Resident #2 should be monitored for care and nursing care documentation completed appropriately. She stated that she is the sole nurse employed at the facility and has daily responsibilities for all the residents. She stated that unfortunately she gets busy with nursing duties and daily documentation does not get completed. The Wellness Nurse was asked about nursing care for the other 13 LNS residents that are listed on the facility LNS log. She stated that the 13 residents require only supervision/ assistance with their ADL care. She stated that she does not document any progress notes for these residents, and only completes the monthly LNS assessment form. In an interview with the Administrator and Wellness Nurse on 11/08/2024 at approximately 12:00 PM when asked about the care required for the 13 residents listed on the LNS log,(not including Resident #2), both acknowledged that the facility nurse was not providing any nursing services at this time. They stated that facility staff were only providing ADL care. The Administrator and Wellness Nurse agreed that only Resident #2 was receiving nursing services under the LNS licensure guidance. After reviewing random sampled LNS resident records with the Administrator and Wellness Nurse, they confirmed that the other 13 LNS residents who required only ADL care, nursing progress notes were not being written since no nursing care was being provided at this time. The Administrator stated that he would be reviewing LNS admission criteria and discussing the placement of existing LNS residents under LNS services.	{AN278}		

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{AN278}	Continued From page 3 Class III Uncorrected	{AN278}		