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
	AL11970161	A. BUILDING: _____ B. WING _____	R 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MARY	410 CARING DR LAKE MARY, FL 32746

(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 revisit to a complaint investigation #2025014631 and generator monitoring was conducted at Lake Mary Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on - . The facility had deficiencies at the time of the visit.	{A 000}		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the	A 008		

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A 008	Continued From page 1 facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or	A 008		

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A 008	Continued From page 2 her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff,	A 008		

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A 008	Continued From page 3 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded	A 008		

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A 008	Continued From page 4 on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a health assessment form (1823) was complete for 1 of 15 sampled residents (#11). Findings:	A 008		

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A 008	Continued From page 5 Review of resident #11's 1823 health assessment revealed the medical examiner's telephone number and address was blank. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information. On at 12:33 PM, the Administrator stated she would follow up with the Wellness Director as she was looking for the updated 1823. On at 12:45 PM, the Administrator confirmed the findings. (photographic evidence obtained) Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued	A 010		

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A 010	Continued From page 6 residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to	A 010		

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A 010	Continued From page 7 reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:	A 010		

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A 010	Continued From page 8 (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.	A 010		

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A 010	Continued From page 9 (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 2 of 7 sampled residents (#9, #10) as required in an assisted living facility (ALF). Findings: 1. Review of resident #9's record revealed a 1823 health assessment indicated a medical history of 's with dyskinesia, ambulates with a rolling walker, and was not identified as risk. The residents' activities of daily living (ADLs) indicated needs supervision with ambulation, bathing, toileting, and transferring. Review of an incident report dated revealed on at approximately 7:56 AM, observed resident lying supine on the bathroom floor with extended forward and resting against the wall/baseboard.	A 010		

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A 010	Continued From page 10 Review of an incident report dated revealed on upon entry into the bathroom, the resident was observed lying supine on the bathroom floor with extended toward bathroom sink. contacted by nurse and resident transported to hospital. Review of an incident report dated revealed any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident. On , at approximately 4:58 AM, resident was found on the floor in his room after activating pendant. Emergency medical services ( ) were contacted via 911 and transported for medical evaluation. The Administrator was asked if a new 1823 was obtained for the resident identifying him as a risk being that his current 1823 under special precautions indicated n/a. On at 12:33 PM, the Administrator stated, I'm sure we have it. Further stating, she would follow up with the Wellness Director. On at 1:00 PM, the Wellness Director provided a new 1823 for the resident stating she just received from the doctor, and they did not have one. 2. Review of resident #10's record revealed an 1823 health assessment with a medical history of 's, low , , walker to ambulate, nursing/ . , service requirement and special precautions reflected as none. A facility note on at 2:24 AM, resident was noted to be sitting on , directly in	A 010		

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A 010	Continued From page 11 front of recliner. Resident stated she did not ; she simply slid off her chair. A facility note on 8:25 PM, resident was seen today by Trilogy for . A facility note on 4:57 PM, resident was seen by home health today for , . The resident was seen for a prior, and the resident requires assistance for safe transfers and ambulation. A facility note on 11:54 AM, (unwitnessed): A facility note on 4:43 PM, resident seen by home health, requires assistance for stepping on/off scale, 2 risk of , patient is high risk of continue POC. A facility note on 10:04 AM, resident currently with HH for , 's diagnosis continue to work on gait and distance. On at 1:00 PM, the Wellness Director stated resident #10 has been on and off , since she moved in. Further stating, that is not a change in her condition and does not require a new 1823. The Wellness Director was made aware of the nursing/ service requirements section on the 1823 for changes in the residents' indicated none along with not obtaining a new 1823 identifying her as a risk. The Wellness Director exiting the conference room stating, we will agree to disagree. Further stating she will follow up with corporate. On at 1:09 PM, the Executive Director, Administrator, Wellness Director, and Business Office Manager confirmed the findings.	A 010		

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{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 or , , 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. 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}		

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{A 025}	Continued From page 13 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: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for with injuries for 2 of 6 sampled residents (#9, #11). Findings: 1. Review resident #9's record revealed a 1823 health assessment indicated a medical history of 's with dyskinesia,	{A 025}		

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{A 025}	Continued From page 14	{A 025}		

ambulates with a rolling walker, and was not identified as risk. The residents' activities of daily living (ADLs) indicated needs supervision with ambulation, bathing, toileting, and transferring.

Review of an incident report dated revealed any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident. On , at approximately 4:58 AM, resident was found on the floor in his room after activating pendant. Emergency medical services ( ) were contacted via 911 and transported for medical evaluation.

Review of an incident report dated revealed on upon entry into the bathroom, the resident was observed lying supine on the bathroom floor with extended toward bathroom sink. contacted by nurse and resident transported to hospital.

Review of an incident report dated revealed on at approximately 7:56 AM, observed resident lying supine on the bathroom floor with extended forward and resting against the wall/baseboard.

Resident #9's risk assessment form total score reflects 14. A score of 10 or more indicates a high risk for .

Resident's care plan dated - risk interventions - NRA signed on related to , increased safety checks in place, after using bathroom make sure his walker is within reach for getting out of bed or his chair. Frequency 5x daily, 9AM, 4PM, 7PM, 9PM, and 2AM. Assistive device

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{A 025}	Continued From page 15 reminder - ensure walker placed next to bedside for use upon rising. Frequency 3x daily, 8AM, 8PM, and 11PM. Bathing reminders, after assisting to use the bathroom, make sure his walker is within reach for getting out bed or his room A facility note on at 2:02 PM, resident observed ambulating in apartment without walker. The resident was encouraged to use walker at all times. Resident replied, "I'm not going to use it in here (apartment)." A facility note on at 6:03 PM, post day 3: resident observed ambulating around the community using his walker. Reminded to use call pendant for any assistance. A facility note on at 10:09 AM, (witnessed): A facility note on at 9:58 PM, post day 2: resident observed ambulating around community with walker. Plan of care continues. A facility note on at 4:45 PM, per , , , , ambulation, transfers, and balance. A facility note on at 3:00 AM, post day 2: resident observed resting comfortably in bed. Plan of care continues. A facility note on at 10:50 PM, post day 1. Resident was observed ambulating around the community using his walker. No complaints or discomfort noted from the at this time. A facility note on at 2:42 PM, resident denies having any , or discomfort post day 1.	{A 025}		

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{A 025}	Continued From page 16 A facility note on at 11:01 PM, resident observed lying supine in front of sink area in his apartment. Resident stated he was attempting to get ice water when he slipped and on ice. A facility note on 10:18 AM, - (unwitnessed): review and update assessment and/or care plan if needed. Each visit to apartment please make sure his walker is within reach for getting out of bed, or his chair. A facility note on at 9:24 AM, resident was found supine on the floor in his apartment approximately 5 from his bed. Resident pushed his call pendant to alert staff that he was on the floor. The resident's walker was noted over by his recliner and resident was barefoot per care staff. Denies hitting his , denies having any c/o , or discomfort. Denies falling, stated I just slipped out of the bed. A facility note on at 7:40 PM, post day 3: resident had no complaints or discomfort voiced. Reminded resident to push call pendant for any assistance. A facility note on at 5:33 PM, received results from medical imaging regarding residents left via fax: moderate degenerative changes of the without acute . A facility note on at 5:31 PM, received results from medical imaging regarding residents left via fax: moderate change of the without acute . A facility note on at 8:02 PM, post day 3: resident observed supine in bed awake. Resident states he has some discomfort to his L	{A 025}		

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{A 025}	Continued From page 17 and L post . A facility note on at 9:27 PM, post day 2: resident was observed seated in recliner in apartment watching television. A facility note on at 5:52 PM, - left 3+ views, portable due to , -left scaphoid view, portable due to . A facility note on at 11:36 PM, post day 1: No complaints of , . Plan of care continues. A facility note on at 1:28 AM, post day 1: No delayed effected noted post . Plan of care continues. A facility note on at 2:52 PM, spoke with family regarding follow-up and discussed ongoing safety concerns related to recent . Discussed continued encouragement for resident to use pendant assistance as he waits to request help after ; one on one companion care suggested as an added support option, family stated not financially feasible at this time. Discussed if continues despite interventions, a higher level of care may need to be considered. A facility note on at 1:14 PM, resident observed sitting on floor with extended forward, no footwear noted on residents . Resident stated he tripped over when ambulating to closet, denies hitting . Resident assisted with putting nonskid socks on. A facility note on at 12:34 PM, resident returned to community via transport. A facility note on at 11:57 AM, resident was	{A 025}		

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{A 025}	Continued From page 18 lying supine on bedroom floor, with extended forward. Resident's was resting on wall/baseboard of apartment. Resident states he lost his balance, onto the wall, hit on wall and to the floor. Resident states he forgot to use his walker in the bathroom. 911 call, arrived, resident transported to hospital. A facility note on at 4:26 AM, post . Resident was assisted into bed at the time of the visit. A facility note on at 8:30 PM, post . Resident observed in community, walking with assistive walker, reminded resident to use call pendant for any assistance or discomfort. A facility note on at 11:44 AM, resident was sitting on on bathroom floor, with against wall, with extended forward, next to commode. Resident stated he lost his footing and into the wall and slid down the wall onto the floor. Resident stated he did not hit his . A facility note on at 2:56 PM, confirmed resident is on physical and services at this time. A facility note on at 8:09 AM, resident was lying supine on floor with extended towards bed and near closet doorway. Resident stated he was walking to the closet, lost balance, and landed on , stated he laid down as it was more comfortable. Denies hitting his , stated he forgot to call for help. Reminded resident to push call pendant in the event of assistance. A facility note on at 9:54 PM, resident returned to community from hospital following a	{A 025}		

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{A 025}	Continued From page 19 from earlier today with injury. A facility note on at 3:19 PM, resident noted to be laying supine on floor with extended forward towards bathroom sink. Resident stated he lost his balance while at bathroom sink, backwards, hit on floor. small noted to left side of resident's , with hematoma. Transported to hospital. A facility note on at 6:52 PM, return day 1: Reminded the resident to push call pendant for any assistance. A facility note on at 6:24 PM, resident returned form encompass. resident reminded to use call pendant for any assistance or discomfort. A facility note on at 5:48 PM, resident found on the floor alert and responsive, replied no when asked if he was ok. Stated, he slipped and trying to go to the restroom, could not recall exactly how it happened. Claimed he hit the right side of his , complained of , to his , 911 called, and he was transported to the hospital. A facility note on at 12:16 PM, resident was admitted with , closed injury, acute , and generalized . A facility note on at 8:08 AM, resident was transported to hospital at approx. 5:45am per shift due to a with injury. On at 9:41 AM, the POA stated resident #9 has 's. Adding, the facility is doing everything and they are great. Further stating, resident #9 does not use his walker and will	{A 025}		

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{A 025}	Continued From page 20	{A 025}		

forget to ask for help. The POA stated she thinks he's getting better, and they've upped his level of care, checking his medication and making sure they're right. Further stating, she knows it's the reality of what he has and visits a couple of times a week.

On at 10:13 AM, Caregiver H stated resident #9 always leaves his walker when going to the bathroom. Adding, he now has signs that remind him to take his walker, but he never does. The caregiver stated she always goes in to help the resident during her shifts.

On at 10:35 AM, Caregiver G stated she was doing meds when she received an alert from resident #9's pendant. Upon entering his room, he was on the floor. He stated he hit his trying to go to the bathroom but did not recall what happened. Caregiver G stated that when she works, she makes sure to go into resident #9's room more frequently to assist him when going to the bathroom, remind the resident to use his pendant and his walker but he forgets.

On at 12:52 PM, the resident's room was observed to which revealed numerous signs posted throughout reminding the resident to use his call pendant, use walker, and to drink more water. The resident stated since the signs have been posted he hasn't had any more . Further stating, they seem to be working and hopes he doesn't anymore.

2. Review of resident #11's record revealed a facility admission on . A 1823 health assessment indicated a medical history of repeated , supervision with bathing, , self-care and needs assistance with ambulation, toileting, and transferring with her activities of

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{A 025}	Continued From page 21 daily living. An incident report dated documented that due to an unwitnessed , the resident sustained a with active . The resident received nine staples to the . Resident #11's risk assessment form reflects total score of 23. A score of 10 or more indicates high risk for . Resident's care plan dated , risk interventions, NRA signed on . Continued verbal communication with resident to call for assistance for tasks that she is unable complete safely, use walker at all times in her room when ambulating, requested not to be checked on after 10PM. Frequency - 2x daily 5PM, 8:30PM. Toileting assistance, Frequency 5x daily 9:30AM, 1:30PM, 6PM, 8:30PM, 5PM. Assistive device reminders Frequency 2x daily, 8:30AM, 4:30PM. A facility note on at 7:42 PM, post day 3: resident denies , or discomfort from , educated to push call pendant. A facility note on at 7:59 AM, post day 3: resident observed in shower seated on shower chair bathing herself at this time. Caregiver present, resident reminded to push call pendant for any needs. A facility note on at 9:25 PM, post day 2: No voiced concerns. A facility note on at 11:34 PM, post day 1: Plan of care continues. A facility note on at 12:24 PM, staples	{A 025}		

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{A 025}	Continued From page 22 removed, no complications noted. A facility note on at 1:27 AM, post day 1: resident observed resting in bed with , closed. No concerns at this time, plan of care continues. A facility note on at 7:25 PM, resident found seated on her in front of the toilet with her electric wheelchair positioned beside her. Resident was not wearing shoes at the time of the , stated she was attempting to use the restroom and while transferring to the electric wheelchair lost her balance, denies strike. A facility note on at 11:48 AM, home health present to remove staples, resident refuses, stated its not due for another week. A facility note on at 11:25 AM, nurses' note, home health, , . A facility note on at 2:58 PM, resident seen by House Calls MD for staple removal to , staples not ready for removal at this time, will remove on . A facility note on at 2:57 PM, confirms resident is on / services at this time. A facility note on at 11:08 PM, post day 3: resident denies having any , or discomfort from . A facility note on at 9:29 PM, post day 2: resident denies any , or discomfort related to . Staples are clean. A facility note on at 9:24 AM, post day	{A 025}		

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{A 025}	Continued From page 23 3; resident observed in electric scooter throughout community. A facility note on at 4:14 PM, received hospital discharge paperwork CT , - no acute . A facility note on at 6:51 PM, post /return day 1: resident denies any , or discomfort related to . Staples are clean, dry and intact. A facility note on at 1:53 PM, post /return day 1: resident observed working with , , on 2nd floor, denies any , or discomfort related to . Staples are clean, dry and intact. A facility note on at 6:38 PM, post /return from hospital. Resident has 9 staples noted to the top of her , reminded resident to use call pendant for any assistance. A facility note on at 11:53 AM, received call from hospital stating CT of and , were negative, resident has staples in which needs to be removed in 7 days. A facility note on at 10:43 AM, resident sent out for medical assessment following a with evidence that she hit her due to her . A facility note on at 9:35 AM, waiting on results from CT before discharging to facility. A facility note on at 7:00 AM, 11 - 7 shift, left note which reads that resident pushed her pendant at 4:40 AM and when staff arrived	{A 025}		

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{A 025}	Continued From page 24	{A 025}		

resident was observed on the bathroom floor and ˬ from her . Resident reported that she was going to use the bathroom and then take a shower.

A facility note on at 9:44 AM, post day 2: resident denies having any , or discomfort from . Resident educated to push call button for any needs/assistance.

A facility note on at 6:37 PM, post : no complaints of discomfort voiced. Reminded resident to use call button.

A facility note on 3:34 PM, resident at 3:19 AM without any injuries.

A facility note on at 10:59 AM, post day 3: no complaints voiced.

A facility note on at 5:47 AM, ˬ observed on resident left ˬ .

A facility note on at 10:24 PM, post day 2: no delayed effects noted post . Plan of care continues.

A facility note on at 11:07 AM, post day 2: resident stated she is having right upper , and thinks it is related to , ˬ , , exercises.

A facility note on at 8:57 PM, post day 1: educated resident on the importance of using the call button for any assistance.

A facility note on at 12:38 PM placed call to POA to ensure she was aware of the unwitnessed that occurred last night. She is coming to facility and agrees to review and sign

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{A 025}	Continued From page 25 the negotiated risk agreement. A facility note on at 5:50 AM, resident was observed seated on her in the living room, stated she in the bathroom, but she dragged herself to the living room in attempts to get up by herself without bothering anyone, educated on the purpose of using call button and the risks of falling. Resident stated that if you call are going to pay for it & she's not going. On at 9:55 AM, the POA stated it's not the facility's fault the residents keep falling. She stated the resident has had two replacements and is doing . . . Adding, the resident cannot feel the bottom of her and working to build the strength up in her . On at 10:18 AM, Caregiver H stated she reminds the resident to call for help. Adding, she also reminds the resident, when she's going downstairs that the staff needs to be with her and to call for help. On at 10:35 AM, Caregiver G stated the resident does not want anyone to assist her, but we still go in and check on her because she is a risk. Adding, the resident curses us out and we continue to report it. She stated the resident tells them to only come when she presses her pendant, but we remind her that we have to come in to check on her. On at 12:33 PM, the Administrator stated she had conversation with resident #9 and his POA to talk about the . Adding, the POA stated they were unable to put a sitter in place at this time. Further stating, the facility has put up signs in the room as constant reminders to ask for help. As for resident #11, the staff has made	{A 025}		

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{A 025}	Continued From page 26 us aware of her behavior, and we've reminded the resident that they will need to come into her room to assist and check on her. The administrator stated she's met with the POA as well to discuss the negotiated risk of the and the residents' behavior. The facility's revision date Risk Assessment Policy stated if a resident is determined to be at high risk for , an action plan that includes specific interventions will be developed by the Wellness Director/designee and included in the resident service/wellness plan. Protocol II - high risk (score of 10 and above): leave bathroom lights on, perform resident safety checks every two to four hours, consider need for physician review of resident's medication regime, and consider need for evaluation. On at 1:09 PM, the Executive Director, Administrator, Wellness Director, and Business Office Manager confirmed the findings. (photographic evidence obtained) Class II	{A 025}		