STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	08/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity Place Ii Alf	256 Barbarossa Rd Nw Palm Bay, FL 32907	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
to unannounced complaint inspection CCR #2013003007 was conducted.
Serenity Place II had deficiencies found during the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to ensure 1 of 3 sampled residents (#3) who was hospice patient had an interdisciplinary care plan developed and implemented by a licensed hospice in consultation with the facility.

Findings:

Resident record review on said date at approximately 1 PM for resident #3 revealed she was admitted to the facility The health assessment was not available, nor was the hospice interdisciplinary care plan (hospice admission date unknown). The administrator stated she could only give me what she had as paperwork was missing; she was sabotaged. Any additional information I needed I could get from hospice.

A fax health assessment was received from the facility on at approximately 10:40 AM. The health assessment was dated and listed diagnoses of memory loss, and She had poor judgment and was risk for The weight was 125 pounds and was on a regular diet. Assistance was needed with ambulation, bathing, dressing, toileting and total assistance was needed with transferring.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure it provided appropriate care and services to 1 of 3 sampled residents (#3) who had diagnosis of and needed precautions and required total assistance with transferring.

Findings:

Resident record review on at approximately 1 PM for resident #3 revealed she was admitted to the facility on Continued record review revealed that a health assessment was not available, nor was the hospice

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interdisciplinary care plan (hospice admission date unknown). The administrator stated she could only give me what she had as paperwork was missing; she was sabotaged. Any additional information I needed I could get from hospice. She then produced some facility notes. Note dated indicated around 10:30 AM [name] came and moved mother out without notice. Per note the daughter had no concerns with the resident's care. Note dated indicated the resident finally got a brace that her daughter should have in place. Note dated /12 indicated the daughter had no dialog with administrator.

The administrator stated at approximately 1 PM that the resident never or . She had severe "I was putting in bed and that is how the story goes".

Continued review revealed the facility had no evidence to confirm what precautions were in place. There was no evidence of any joint plan between the hospice and the facility to ensure safe transferring for this at risk resident.

A fax health assessment was received from the facility on at approximately 10:40 AM. The health assessment was dated and listed diagnoses of memory loss, and She had poor judgment and was risk for . The weight was 125 pounds and was on a regular diet. Assistance was needed with ambulation, bathing, dressing, toileting and total assistance was needed with transferring. Page 5 of the health assessment form, where the facility indicates services to be provided to the resident was blank but signed and dated

A fax was received from Adult Protective Services on that included Palm Bay Hospital records. The Orthopedic Center Palm Bay records dated indicated the reason for consultation was left and The resident's history indicated she lived in an ALF, "got hurt, specific circumstances of accident are unclear". The physical examination indicated "the left lower extremity is in a There was some and tenderness, no gross deformity". The diagnostic data "demonstrated a spiral of the and with some displacement. There is significant . A short would manage the

Office visit dated indicate the resident was dropped on as she was transferred from wheelchair to bed. The physical exam revealed "external rotation with viagus deformity of the leg. There is callus around the site"

Office visit dated indicated she returned for follow up. The alignment remained unchanged.

Palm Bay Hospital-The Orthopedic Center Palm Bay records dated indicated follow up of left and She was about 11 weeks post . The demonstrate the post deformity due to mal union of the . The appears to be mechanically stable and she manifests no discomfort. The x ray demonstrates quite a bit of bridging callus. Continues with and a molded plastic AFL long for added protection".

Adult Protective Services report dated and received at approximately 11 AM indicated the administrator admitted to injuring the resident's leg during a transfer but the resident was fighting during the transfer and the leg twisted and popped. She lifted the resident by herself without gait belt. She also indicated the resident's leg was re-injured after the initial injury and the next doctor's appointment.

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A telephone call was made on at approximately 3 PM to the facility phone number and to Serenity I. An operator message indicated the number was disconnected, no longer in service.

Class II

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 1 sampled staff (A) records contained evidence to confirm the staff receive in-service training regarding the facility's resident elopement response policies and procedures.

Findings:

Personnel record review for staff A, hired on 2011, at approximately 1:30 PM revealed no evidence to confirm she received in-service training regarding the facility's resident elopement response policies and procedures.

The administrator at the time stated that the staff, her daughter, most likely had the training but she was unable to locate the certificate.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 1 sampled staff (A) records contained evidence to confirm a one- time training regarding

Findings:

Personnel record review for staff A at approximately 1:30 PM revealed no evidence to confirm she attended a one- time training regarding

The administrator at the time stated that the staff, her daughter, most likely had the training as she worked someplace else as well and did not bring her a copy of the certificate.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 1 sampled staff (A) records contained evidence of in-service training regarding the facility's policies and procedures regarding

Findings:

Personnel record review for staff A, hired in 2011, at approximately 1:30 PM revealed no evidence to confirm she received an in-service training regarding the facility's policies and procedures regarding

The administrator at the time stated that she thought the staff, her daughter and a nurse needed the in-service training.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on resident record review and interview the facility failed to ensure an up-to-date record of major incidents occurring within the last 2 years was maintained.

Findings:

The administrator stated on said date at approximately 10:30 AM that she had no adverse or incidents reports available, as none had taken place.

Resident record review for resident #3 revealed she was admitted to the facility . There was no Health assessment available during survey. A fax health assessment was received from the facility on at approximately 10:40 AM. The health assessment was dated and listed diagnoses of memory loss, and . She had poor judgment and was risk for . Assistance was needed with ambulation, bathing, dressing, toileting and total assistance was needed with transferring.

The administrator stated at approximately 1PM that the resident never or . She had severe "I was putting in bed and that is how the story goes".

A fax was received from Adult Protective Services (APS) on 6/21/13 that included Palm Bay Hospital records- The Orthopedic Center Palm Bay records dated 1/1/12 indicated the reason for consultation was left tibia and . The resident's history indicated she lived in an ALF, "got hurt, specific circumstances of accident are unclear". The physical examination indicated "the left lower extremity is in a splint. There was so welling and tenderness, no gross deformity". The diagnostic data "demonstrated a spiral fracture of the dista and with some displacement. There is significant . A short would manage the .

Office visit dated indicated the resident was dropped on as she was transferred from wheelchair to bed. The physical exam revealed "external rotation with viagus deformity of the leg. There is callus around the site".

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 1 sampled staff (A) records contained a statement from a healthcare provider that indicated freedom from annually.

Findings:

Personnel record review for staff A at approximately 1:30 PM revealed the personnel record contained a healthcare provider statement that indicated freedom from communicable including that was dated

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. Continued review revealed no evidence to confirm she obtained freedom from yearly thereafter (due

The administrator at the time stated, that she thought the staff, her daughter, brought the statement in.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on resident record review and interview the facility failed to ensure that 3 of 3 sampled residents (#1, #2 and #3) who received assistance with the activities of daily living had their weight recorded semi-annually and gave that responsibility on the hospice agency to maintain those records.

Findings:

Resident record review on said date at approximately 1 PM revealed that:

Resident #1 had a health assessment dated . indicated assistance was needed with all activities of daily living (ADLs). Her initial weight was 116 pounds. She was on a regular diet. Initial health assessment dated indicated a weight of 115 pounds. A refusal of therapeutic diet was dated . by the resident's daughter. She was admitted to hospice on . The last documented weight was on . and she weighed 115 pounds.

Resident #2 was admitted to hospice . Her weight on . was 80 pounds and remained stable; on her weight was 80 pounds. Note dated . indicated she had issues with swallowing; hospice nurse assessed and suggested slow feeding. A noted documented at 2 PM /swallowed food without difficulty. Health assessment dated . listed kidney . and assistance was needed with ADL and was total in ambulation. The initial assessment indicated she was independent in eating supervision with ambulation; toileting, and transfers, assistance was needed with bathing, dressing, and

Resident #3 health assessment was dated . and listed diagnoses of memory loss, and . She had poor judgment and was risk for . The weight was 125 pounds and was on a regular diet. Assistance was needed with ambulation, bathing, dressing, toileting and total assistance was needed with transferring. No weight record was available.

The administrator stated that the residents' weight was measured by body . by hospice and any additional information that was needed would have to be obtained from hospice.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Serenity Place II Alf
256 Barbarossa Rd NW
Palm Bay, FL 32907

Dear Administrator:

Re: CCR #2013003007

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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