| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964343 | 08/30/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Alf At Merritt Island, Llc | 535 Crockett Blvd. Merritt Island, FL 32953 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

**Specific Tag Findings:**

0000-Initial Comments
An unannounced Compliant Inspection #2013008770 was conducted from . The Place at Merritt Island had a deficiency at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview and record review, the facility failed to ensure 1 of 7 sampled residents remained free of physical (#2).

Findings:

On at 10:56 a.m., resident #2 was observed alone in her in a Geri-chair facing the window with a tray connected to the Geri-chair in front of her. A photo was taken. There was no food in the the resident.

At approximately 12:38 p.m., resident #2 was observed sitting in her Geri-chair facing the window with the tray in front of her. At 1:17 p.m., resident #2 was observed sitting in her her Geri-chair facing the window with the tray still in place in front of her.

On at 10:56 a.m., an interview with resident #2 was attempted. Resident #2 was unable to respond to questions related to the use of her Geri-chair.

On at 10:57 a.m., the administrator was interviewed. The Administrator stated resident #2 is a hospice patient whose Geri-chair was ordered to prevent the resident from falling.

On at 12:22 p.m., resident #2's hospice nurse was interviewed. The hospice nurse said the resident's Geri-chair with the tray was ordered to assist her with eating. The hospice nurse described resident #2 as needing total assistance with all activities of daily living (ADLs) and not being able to hold her own head up. At 1:14 p.m., the hospice nurse stated, "She (resident #2) does not have the cognition to remove the tray (from the Geri-chair."

On at 12:38 p.m., staff A was interviewed and said resident #2 has not eaten her

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lunch at this time.

A review of resident #2's hospice information revealed she did not have the physical ability to remove the tray form the Geri-chair. The hospice information indicted that resident #2 was recertified for hospice on . The recertification read, "(Resident #2) is completely dependent upon caregivers for all ADLs and completely bed bound and cannot hold up her head, requiring pillows to prop up her head."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Alf At Merritt Island, LLC
535 Crockett Blvd.
Merritt Island, FL 32953

Dear Administrator:

Re: CCR #2013008770

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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