STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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= B
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
Re-licensure survey with Limited Nursing Services was conducted on Sand Point Senior Living had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facilty failed to ensure the admission Assisted Living Facility Health Assessment Form (1823) included the required information for 1 of 15 sampled residents (#3).

Findings:

Resident record review for resident #3 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of The resident needed supervision with eating and needed assistance with ambulation, bathing, dressing, toileting and transferring. The resident was alert with at times.

Review of the 1823 revealed there was no documentation to indicate the name and address of the physician who completed the form or the type of assistance needed with toileting and transferring.

In an interview with the administrator on at approximately 5 PM who was not aware the required information was not on the 1823.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to discharge residents when they exceeded continued residency requirement for 1 of 15 sampled residents (#3) and failed to obtain an Completed Resident Health Assessment (AHCA form 1823) after a significant change hospital admissions) for 1 of 15 sampled residents (#1).

Findings:

1. Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated [redacted] that indicated diagnoses of [redacted]. The resident needed supervision with eating and needed assistance with ambulation, bathing, dressing, toileting and transferring. The resident was alert with [redacted] at times.

In an interview with the resident on [redacted] at 12 PM who stated she had to the call the staff during the day to come turn her, as she was unable to turn herself. She stated she had a [redacted] on her back that the Home Health Care (HHC) took care of.

The resident was observed on [redacted] at 11:50 AM lying on her right side in bed. The [redacted] was observed and measured 3 centimeters (cm) by 3 cm with yellow [redacted]

The resident exceeded the requirements for continued residency in the facility.

Interview with the Health and Wellness Director on [redacted] at 12 PM who stated the resident had frequent [redacted] and redness before the open area. The open area was seen on [redacted] and had been on frequent [redacted] medications.

Review of the HHC nurse admission note revealed the Start of Care was [redacted]. The resident had a [redacted] on the lower back, and the resident was not discharged from an inpatient facility. The resident had [redacted] below the waist, and was oriented to person, place, time and purpose. The resident had aching, [redacted] and sharp pain when sitting for more than a short period of time. Her skin was constantly moist, her ability to walk was severely limited and, she could not bear weight or make occasional slight changes in body position. The resident was wheelchair bound.

Observation on [redacted] at 12:10 PM revealed two 2 staff assisted the resident with transfer from the bed to the wheelchair. The resident was unable to bear weight during the transfer to wheelchair. The resident had severe [redacted] in lower extremities; her knees would not support weight when transferring.

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In an interview with the administrator on at approximately 5:30 PM she was not aware the resident exceeded the requirements for continued residency in the facility

2. Record review for resident #1 revealed that he returned from the hospital on . Further record review revealed an AHCA form 1823 that was dated did not include the address and telephone number of the examiner. The section that documented the type of assistance the resident required with toileting and transferring was left blank. Further record review revealed there was no documentation to confirm that the facility staff had attempted to contact the health care provider to obtain the information that was missing.

During an interview with the Health and Wellness Director on at approximately 2 PM, she confirmed that the form had sections that were missing.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to provide care and services to prevent a from developing for 1 of 15 sampled residents (#3) and failed to notify the physician/resident representative and document significant changes for 2 of 15 sampled residents (#1 & #3).

Findings:

1. During the entrance conference with the Health and Wellness nurse on at approximately 9:30 AM, resident #3 was identified as having a .

Partial thickness
Partial thickness loss of dermis presenting as a shallow open with a red pink bed, without tissue). also present as an intact or open/rt i-filled or sero-sanginous or filled It presents as a shiny or dry shallow without or This category should not be used to describe tape incontinence associated maceration or indicates deep tissue injury. .(http://www.npuap.org/resources

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of . The resident needed supervision with eating and needed assistance with ambulation, bathing, dressing, toileting and transferring. The resident was alert with at times.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the resident on at 12 PM who stated she had to the call the staff during the day to come turn her, as she was unable to turn herself. She stated she had a on her back that the Home Health Care took care of.

Review of facility notes revealed:
resident sent to hospital for There was no documentation the physician/resident representative was notified.
back from hospital, skin assessment done. There was no documentation of the skin assessment.
sent to hospital for , no return was noted. There was no documentation the physician/resident representative was notified.
sent to hospital for a

Review of hospital note dated indicated skin medial problem, redness.

Review of facility notes revealed the resident returned to the facility. There was no documentation the physician was notified of the reddened area or what the measures the facility implemented to prevent further

Review of fax order sheet revealed on the physician was notified of a on the resident's and orders were requested for HHC to evaluate.

Review of the Skin Observation Form dated revealed three days later an open area the size of a dime noted to

Review of facility note direct care noted a on the , appears to be size of quarter with open skin, or 3, barrier cream applied. The resident was advised to keep off of her Physician called on for HHC order.

The physician's order dated indicated HHC to evaluate and treat

The resident was observed and the was measured on at 11:50 AM by the Health and Wellness Nurse and the surveyor. The resident was lying on her right side. The on the was measured by the surveyor and the Health and Wellness nurse. The measurement was 3 centimeters (cm) by 3 cm with yellow

Review of the HHC nurse admission note revealed the Start of Care was The resident had a on the lower back The resident had below the waist and was oriented to person, place, time and purpose. The resident had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

aching, and sharp pain when sitting for more than a short period of time. Her skin was constantly moist, her ability to walk was severely limited and she could not bear weight and make occasional slight changes in body position. The resident was wheelchair bound.

Full thickness skin loss
Full thickness tissue loss. fat may be visible but bone, or muscle was *not* exposed. may be present but does not obscure the depth of tissue loss. This may include undermining and The depth of a Categor varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) tissue and Categor can be shallow. In contrast, areas of significant adiposity can develop extremely deep Categor Bone/t is not visible or directly (http://www.npuap.org/resources)

Further review of the HHC note revealed the was a non-healing that measured 3.0 cm x 2.0 cm x 0.4 cm. The bed was described as greater than 25 %, and clean non-healing tissue greater than 25 %. There was minimal pink sero-sanquinous drainage. The peri-w was intact with and intermittent pain.

During an interview with the Health and Wellness Director on at 12 PM revealed the resident had frequent and redness before the open area. The open area was identified on and the resident had been on frequent medications.

In an interview on at approximately 3:45 PM with the nurse who stated they used barrier cream for preventative measures. The staff was told to turn the resident frequently, every two hours and the staff assignment sheets indicated to turn the resident frequently. She stated she had the staff assignment sheet.

There were no staff assignment sheet provided for review and no documentation in the resident's indicate there was a schedule to turn the resident.

2. Record review for Resident #1 revealed a progress note that documented on noted resident returned to Sand point ALF via comfort ride for readmission. Further record review revealed that there was no documentation that the resident was admitted to the hospital, nor was there documentation that the resident's health care provider, family or representative was notified.

During an interview with the Health and Wellness Director on at approximately 2 PM, she stated that sometime in the resident became ill and was sent to the hospital. She

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sand Point Senior Living	1800 Harrison Street Titusville, FL 32780	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

stated that she had searched the record and could not find any documentation of what had occurred that caused the resident to be transported to the hospital, nor was it documented that the family and health care provider was contacted.

Class II

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 staff (A) had a statement from the health care provider documenting freedom from Communicable and .

Findings:

Personnel record review for staff A revealed that her Annual test was dated and was conducted by a Licensed Practical Nurse (LPN).

There also was no documentation to confirm that she had a test that was conducted by the required Health Care Provider (Physician or physician's assistant licensed under Chapter 458 or 459, F.S or advanced registered nurse practitioner licensed under Chapter 464, F.S.) Further personnel record review revealed there was no documentation found to confirm that she was free from Communicable .

During an interview with the Business Office Manager on at approximately 5:15 PM she stated she was not aware that the LPN could not complete the statement and she could not locate the freedom from Communicable Statement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 3 of 4 sampled staff (B, C and D) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff B hired , Staff C hired and Staff D hired revealed the following:

1. Staff B and Staff D did not have documentation they received facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation

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	AL11911315	07/23/2014
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

within thirty days of hire.

2. Staff B did not have documentation Resident needs and behavior 3 hours was received. There was documentation of only 2 hours.

3. Staff C did not have documentation of receipt of safe food handling practices and Residents Rights in an Assisted Living Facility within 30 days of hire.

During an interview with the Business Office Manager on at approximately 5:30 PM, she stated staff did not receive the training required and would be receiving it on She stated staff C did receive the food safety in-service and she could not locate the documentation.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility had no evidence to confirm that 1 of 3 sampled unlicensed staff (D), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

During a telephone interview Staff D on at approximately 11:30 AM stated he assisted with the self-administration of medications.

Personnel record review for staff D revealed there was no documentation to confirm that he had successfully completed the required initial 4 hour medication training.

During an interview with the Business Office Manager on at approximately 5 PM, she could not locate the evidence to confirm that Staff D had received the 4 hour initial medication training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure a direct care staff who provided care to residents received at last one hour of training in the facility's policies' and procedures regarding within 30 days after employment for

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

1 of 4 sampled staff (Staff D).

Findings:

Personnel record review for staff D hired had no evidence to confirm that she had received 1 hour of training in the facilities policies' and procedures regarding within 30 days of employment.

During an interview with the Business Office Manager on at approximately 5:30 PM she stated she could not locate documentation to confirm that she had obtained the training as required.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to have an up-to-date admission and discharge log listing the names of all residents for 1 of 15 sampled residents.

Findings:

Review of the admission discharge log revealed resident #1's was no included on the log.

In an interview with the administrator on at 4:30 PM who stated she was not aware the admission/discharge log was not up to date.

Class

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and interview the facility who had a Limited Nursing Services (LNS) license, failed to ensure they had a licensed nurse available for 24 hours a day, to provide such services to the residents who required as needed for 2 of 15 sampled residents (#13 & #14).

Findings:

Review of the facility's license revealed a Standard Assisted Living Facility license with LNS that expired on

Review of the LNS log revealed residents #13 and #14 were on LNS for as needed

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Review of the facility schedule for ... through ... revealed the facility did not have nurses scheduled to work 24 hours a day.

In an interview with the administrator on ... at approximately 4:30 PM who stated the facility did not have a nurse on the night shift that was available to provide LNS services when needed.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure that Level II Background Screenings was obtained before employment for 1 of 4 sampled staff (C) who had access to the resident's personal property and provided personal care to the residents.

Findings:

Personnel record review for staff C revealed she was hired on ... Her Level II background screening noted results in the record noted "Need Level II resubmission-90 day lapse in Employment". Further personnel record review revealed there was no documentation to confirm that the facility had confirmed that staff C was eligible to work with the residents.

During an interview with the Business Office Manager on ... at approximately 2 PM she stated they were going to be sending Staff C to have her background screening conducted.

A review of the Agency's background screening website on ... at 2:45 PM revealed the Level II background screening was not conducted until ... and was complete on ...

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sand Point Senior Living
1800 Harrison Street
Titusville, FL 32780

Dear Administrator:

This letter reports the findings of a biennial re-licensure survey conducted on , by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the investigation. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G

Directed Corrective Actions:

1. A25 Resident care and Supervision - Class II
Your Assisted Living facility failed to provide care and services to prevent a from developing and failed to notify the physician /resident representative and document significant changes.

Your Plan of correction must include the following:

1) All staff need to be retrained on checking resident's skin during showers and changes and reporting changes to the supervisor immediately. The staff also need to be trained on the importance of turning and repositioning the resident who have acquired a pressure

2) Plans of care need to be done in conjunction with the Home health Agency for all residents who have or skin concerns and the responsibility of each discipline and or party. This should include the use of any type of cushions mattress etc.

3) All services and observations and care should be documented to show the progression of the area. This will enable the administrator to make an informed decision related to continued residency for the resident.

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Sand Point Senior Living
, 2014

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Lorraine Henry, ALF Supervisor at (407) 420-2534.

Sincerely,

Theresa DeCanio
Field Office Manager

LH/be

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