STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968506	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bradenton Palms Alf I	802 71st St Nw Bradenton, FL 34209	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An off-hours complaint survey, CCR#2014007416, was conducted on .

The Bradenton Palms assisted living facility had one deficiency found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review, observation and interviews, the facility failed to provide care and services regarding supervision and staffing for 2 (#1 & #2) of 3 sampled residents sampled for .

Findings Include:

Record view on . for Resident #1: incident report dated . at 11:20 p.m. ...found on floor, he told me I . down. Did range of motion. Lump on his head. Called 911. Put ice pack on lump. Doctor and guardian were called the next day at 10:00 am. Resident was sent back the morning of . There were no head injuries. The area where it says actions to taken to prevent recurrence states increase frequency of checks every hour.

Incident report dated . at 2:47 a.m ....found on floor, Did range of motion. Resident #1 said he was OK. Called 911 to be sure. Per resident observation notes ...He was not taken to the hospital. examined him and stated he showed no signs of injuries. Resident did not want to go and said he was fine. Doctor and guardian were notified on at 10:00a.m. The area where it says actions to taken to prevent recurrence states resident will be transferred to recliner when he is restless.

Incident report dated . at 2:40 a.m ....found on floor ...range of motion ...could stand...Resident #1 was alert and not . His arms and legs were OK. Doctor and guardian were notified on . at 9:30 a.m. The area where it says actions to taken to prevent recurrence states mattress at side of bed and ½ side rail ordered.

Incident report dated . at 10:55 p.m ... found on floor ...Resident #1 stated he got into his wheelchair and slipped to floor. Denies pain anywhere except in knees. No injuries. The area where it says actions to taken to prevent recurrence states continuing hourly checks and put at table with a game when restless.

Resident #1's health assessment dated . stated ambulation was assisted with standby for safety; transferring: assist 1:1 stand-by for safety.

Resident #1 was living in House #2 on the property. This building did not have a staff person present during the second shift after 4:00p.m. and all of the third shift. The second and third shift person who ws covering House #1 would make rounds every two hours at House #2 to check on residents. After , House #2 had the residents checked on every hour due to Resident #1's . but the . continued even with the every hour resident check due to lack of supervision.

Record review on . for Resident #2... lincident report dated . at 12:00p.m...getting up from table after

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lunch , lost balance with walker and sat down on the floor at noon. No injuries. Doctor and daughter notified. It took two staff to pick her up due to her being obese. There were two staff at that time of the day... took place during first shift.

Incident report dated ... at 5:00p.m ... in ... up from toilet ...Resident #2 said her legs gave out. No injuries. ... called to help pick up resident due to her weight. There was only one staff present at the time of the ... ...Doctor and daughter were notified on ... at 5:15 p.m... took place during second shift.

Incident report dated ... at 8:47 am ...Resident #2 was walking into the ... walker and ... No injuries. Doctor and daughter notified. It took two staff to pick her up off the floor due to her being obese. There were two staff at that time of the day...took place during first shift.

Incident report dated ... at 1:00 p.m. ...Resident #2 going into ... walker and tripped over her shoes (sole came off) ...no injuries ...doctor and daughter notified. It took two staff to pick her up off the floor due her being obese. There were two staff at that time of the day...took place during first shift

Incident report dated ... at 6:45 pm ...Resident #2 was not using walker and walked around table to turn off lamp and slipped to floor. No injuries ... Doctor and daughter were notified on ... at 9:00a.m ....Because there was only one staff present at this time, ... had to be called to pick her up off the floor....took place during second shift.

The resident observation notes on ... stated Resident #2 has had two occurrences where the paramedics had to pick resident up off the floor after a ...

Resident #2 ' s health assessment dated ... states ambulation: supervision and transferring: supervision.

Direct care staff #A, stated on ... at 4:45 p.m. I can not pick up Resident #2 by myself. If she ... after 4:00p.m., then I would have to call someone to come and help me get her up.

Direct care staff #B stated on ... at 8:00p.m. there is no way I can pick her up by myself. I would have to call ... to come and pick her up. She is too heavy for one person. She needs two people to pick her up.

Resident #2 was living in House #2 until ... when she was moved into House #1. Since she now having more supervision, she has not had any ... since moving to House #1. But because of only having one staff scheduled for second and third shift, she needs two staff to pick her up if she ...

Resident #2 was observed on ... at 4:40 p.m. sitting at the dining ... in a wheelchair. There was a walker in her ... Resident #2 stated after dinner on ... at 5:30 p.m. that she needs two people to help her get up off the floor if she ...

Falls for Resident #3: one incident report for ... at 9:06 pm ...went to change Resident #3 and found her on the floor having a ... at 9:00 p.m. 911 called ...transferred to hospital at 9:30 pm. Non responsive but breathing ...Doctor and POA notified on ... at 11:00 pm for doctor and 9:30 pm for POA. . She is living in House #1. This was Resident #3' s only ... and it was due to the ...

Resident #3 ' s health assessment dated ... states ambulation: staff assist and transferring: staff assist.

The resident care coordinator verified on ... at 7:30 p.m. there were assisted residents in the House #2 as

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well as in House #1, they were not being supervised all the time during the second and the third shift. There is only on direct care staff on the schedule after 4:00 pm. until 7:00 a.m. the next day. They are supposed to check on the residents in House #2 every two hours. This does leave times during the evening and night without supervision in both houses. Now there is only one house where all the assisted residents live but the problem still exists because there is still Resident #1 who needs two people to assist her when she . . . There is still only one staff on the second shift after 4:00pm and the third shift. The resident care coordinator verified that Resident #2's needs were not being met by the facility with only one staff to assist the resident. She said we have enough stating hours (213) for a census of seven but there is not enough staff to assist Resident #2 if she . .

The facility failed to provide care and services regarding supervision for two residents, Resident #1 and Resident #2 . Resident #1 was not supervised so he . . I continuously and Resident #2 was also living in House #2 and she was not supervised so she . . many times. Resident #2 did not have enough staff to care for her if she . . . and had to be pick up off the floor. Resdent #2 needed two staff to care for her and there is only one staff scheduled for second and third shift.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bradenton Palms Alf I
802 71st St Nw
Bradenton, FL 34209

RE: CCR #2014007416

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 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 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 **Paul Brown**, HFES, at 272-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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