STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966624	02/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Wings Wendel	3116 Wendel Rd Se Melbourne, FL 32909	
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Initial Comments

Complaint investigation #2014009529 was conducted on [redacted] and [redacted]. Golden Wings Wendell 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 facility failed to ensure that 2 of 4 resident records had a health assessment that addressed all the required information (#2 & 3).

Findings:

1. Resident #2's record revealed a health assessment report AHCA form 1823 dated [redacted] but did not indicate the type of assistance with self-administration of medication the resident required. The assessment did not address the resident's needs regarding ambulation; the spaces were left blank. A notation on the right side of the page read, "unable to this time as she is not [redacted] able to maintain TTWB (TT??? weight bearing) on right".

2. Resident #3's had an undated health assessment report. Another health assessment report dated [redacted] did not address the type of assistance the resident needed with self-administration of medication, and did not indicate whether or not she was bed bound.

In an interview on [redacted] at approximately 3:30 PM, the owner said the forms were overlooked.

Class III

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0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility retained 1 of 4 sampled residents (#1) who exceeded assisted living facility continued residency, and failed to ensure that 1 of 4 sampled residents (#1) had a face-to-face medical examination by a health care provider after a significant change happened and was admitted to the services of hospice care.

Findings:

During the facility entrance, the owner identified resident #1 as receiving hospice care, and who had a on the and a healed area to the left heel.

Resident #1's health assessment report, dated , revealed she was admitted to the care of hospice on . Evidence was not found to confirm that an updated health assessment was obtained in 2014, when the resident exhibited a decline in health that required hospice care.

An admission note and physical examination, dated and signed by an advanced registered nurse practitioner (ARNP) listed diagnoses of wall , Barrett's , achalasia, hypoprotenemia, and lung . The assessment indicated she had a to left upper area and the left heel "periphery with pale center decub with mushy {illegible} left heel". Home health was to change from the at the facility. A was also in place. She had retention and the was to be changed monthly by the home health nurse. The left heel was "un-stageable decub, follow up at center."

The facility note dated indicated the resident was admitted to home health services and and would receive care. A note, dated , indicated orders were received to place the resident on hospice care.

A skilled nursing visit note dated indicated the resident had a to lower back.

In an interview on at approximately 3:30 PM, the administrator stated the resident was under the care of home health until hospice took over. She did not realize the resident was inappropriate for continued assisted living residency although the center managed the .

Class III

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

Based on observations, record review and interview, the facility did not provide appropriate care and services to 1 of 4 residents who developed a (#1), and did not maintain written records of significant changes and illnesses that resulted in medical attention for 2 of 4 sampled residents (#1 & 3).

Findings:

1. During the facility entrance, the owner, a licensed practical nurse (LPN), identified resident #1 as receiving hospice care. She said this resident had a on the and a healed area on the left heel.

Observations on at approximately 10:30 AM, found resident #1 in bed with half-bed rails in use. The resident was and frail and thin.

Resident #1's record review revealed an admission note and physical examination dated and signed by an advanced registered nurse practitioner (ARNP). The assessment listed diagnoses of wall , Barrett's achalasia, hypoprotenemia, and lung . The assessment indicated she had a to the left upper abdomen, and the left heel "periphery with pale center decub with mushy {illegible} left heel". A was also in place. Home health services was to change the at the facility. The resident had retention and the was to be changed monthly by the home health nurse. The left heel was documented as an "un-stageable decub - follow up at center".

The facility note dated indicated the resident was admitted and would receive home health services. A note dated indicated orders were received to place the resident on end of life hospice care.

A skilled nursing visit note dated indicated the resident had a to the lower back.

A hospice note date indicated a to the At that time, the resident was placed on hospice crisis care.

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Documentation was not found that the facility assisted the resident or representative to relocate to an appropriate setting where care could be provided to the un-stageable . There were no notations that measures were taken to prevent or minimize the potential for before the resident developed a . The facility notes neither mentioned the open area nor any treatment provided to the open area.

2. Resident #3's record revealed she had received hospice care since 2012. A facility note, dated , indicated there were no changes to the resident's health and that the resident "Takes as needed pain medication. Lets staff know she is in pain." A note dated indicated resident today at Health First hospice house. Documentation of significant changes in the resident's health or decline that required the resident to be transferred out of the facility to a higher level of care was not found.

In an interview on at approximately 4 PM, the owner stated the resident had a and went to the hospital. The owner said the resident was not herself, was unable to see the doctor, and her was high. She said the doctor recommended sending the resident to the emergency .

Class II

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility did not limit the use of physical to half-bed rails only for 1 of 4 sampled residents (#1).

Findings:

Observations during the facility tour on at approximately 10:30 AM, found resident #1 in bed with half-bed rails in use. The resident was and under hospice care.

Resident #1's record did not reveal any evidence that the facility obtained a healthcare provider's order for the half-bed rails. An order dated was for a hospital bed.

In an interview on at approximately 3:30 PM, the administrator stated the order was not available.

Class III

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N278-LNS - Records 58A-5.031(3) FAC

Based on observations, record review and interview, the facility failed to maintain nurses' progress notes, failed to conduct a nursing assessment at least monthly for 1 of 4 residents who received limited nursing services (#1).

Findings:

During the facility entrance, the owner, a licensed practical nurse (LPN), identified resident #1 as having a pressure on the and receiving hospice care.

In an interview on at approximately 11 AM, the owner stated hospice staged the pressure as a but she thought it could be greater than that. The resident had eschar to the left heel. She said she provided care to the area but did not have any written nurses' progress notes. She confirmed that monthly nurses' assessments were also not available to review.

Resident #1's record did not reveal any nurse's notes to document the care provided to the . Monthly nursing assessments were not found in the resident's record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Wings Wendel
3116 Wendel Rd Se
Melbourne, FL 32909

RE: CCR #2014009529

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Golden Wings Wendel
3116 Wendel Rd Se
Melbourne, FL 32909
Attn: Aimee Thibault, Administrator

Dear ..... Thibault:

This letter reports the findings of a complaint inspection survey (CCR#2014009529) conducted on and by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the State (3020) Form, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's request within **five (5) calendar days** of receipt of this report.

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

1). A0025 - resident Care - Supervision
The assisted Living facility failed to provide care and services appropriate to the needs of residents who developed pressure sores and failed to maintain written records and update the records as needed of any significant changes and any illnesses that resulted in medical attention.

Your facility must comply with the following:

1) Your facility must in consultation with a third party provide (i.e. Hospice/Home Health) have documentation of all communications between the agency providing care and services to the resident and the facility of the residents care. There should also be an interdisciplinary plan of care that delineates what services Hospice will provide and what services the facility will provide. There should be documentation left after each visit from a third party provider. Communicate with the resident's health provider to make sure that his orders are being followed verbatim. The Health care provider shall be contacted if there are any changes in condition. This must be completed by _____ **2015**.

2) All facility employees must be retrained on the facility's policy and procedures when it comes to communicating with Third party providers. The staff should know their roles when a resident is under the care of a Hospice agency and know what services the facility is providing. Staff should also be trained to document any significant changes and illness to the administrator and the physician immediately. This will enable the administrator to make sure the resident is appropriate to be retained in the Assisted Living facility. This must be completed by _____ **27, 2015**.

Orlando Field Office
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Golden Wings Wendel
2015

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 contact Lorraine Henry. ALF Unit Orlando Field Office at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

D7JR

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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