STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965639	06/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
UNIQUE ASSISTED LIVING RESIDENCE	8501 NW 38TH STREET CORAL SPRINGS, FL 33065	

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

0000 - Initial Comments

CCR#2015005581

An unannounced complaint inspection was conducted from to at Unique Assisted Living Residence.

The facility had deficiencies found at the time of this inspection.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed health assessment for 4 out of 4 residents (residents #1, 2, 3 and 4).

The findings are:

Review of resident #1's record indicated that she was admitted to the facility on and was discharged on . Review of this resident's health assessment dated on indicated that she was diagnosed with mild and , and had no sensory limitations. Review of the resident's health assessment indicated that she needed assistance for her activities of daily living, including ambulation and transferring, without any directions of the extent and type of assistance she needed. Further review of this resident's health assessment indicated that page 5, section 3, describing the services offered/arranged by the facility for the resident, was not signed by the resident or her representative.

Review of resident #2's record indicated that he was admitted to the facility on . Review of this resident's health assessment dated on indicated that he was diagnosed with , hearing loss, , gait abnormality and . Review of the resident's health assessment indicated that page 4, section 2B, was not completed and did not describe the level of medication assistance the resident needed. Further review of this resident's health assessment indicated that page 5, section 3, describing the services offered/arranged by the facility for the resident, was not completed and left blank.

Review of resident #3's record indicated that he was admitted to the facility on . Review of this resident's health assessment dated on indicated that he was diagnosed with and . Review of the resident's health assessment on indicated that page 4, section 2B, was not completed and did not describe the level of medication assistance the resident needed. Review of the resident's health assessment on indicated that page 4, section 2B, was completed and described that the resident needed assistance with self-administration of medications, without any late entry notifications.

Review of resident #4's record indicated that she was admitted to the facility on . Review of this resident's health assessment dated on indicated that she was diagnosed with and . Further review of this resident's health assessment indicated that page 5, section 3, describing the services offered/arranged by the facility for the resident, was not signed by the resident or her representative.

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0008 Continued From page 1

In an interview with the administrator on at 10:45am, she stated that she was not aware of residents #1, 2, 3 and 4's incomplete health assessments before this inspection, but now realized that their health assessments were not complete and the facility did not ensure that they were properly completed by the residents' physicians.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to properly supervise 1 out of 4 residents (resident #1) by not contacting resident #1's physician immediately after the resident and injured her head.

The findings are:

In an interview with the administrator on at 10:05am, she stated that resident #1 on at approximately 7am. She stated that this event took place inside the resident's caregiver A was assisting the resident transfer from her bed to the wheelchair. She stated that the resident had an extensive history of was diagnosed with and with severely contracted lower extremities, which greatly diminished her physical function.

Review of resident #1's record indicated that the resident was admitted to the facility on with diagnoses including mild and Review of the resident's health assessment dated on indicated that the resident needed assistance with her activities of daily living, including ambulation and transferring.

In an interview with caregiver A on at 10:40am, she stated that on at around 7am as she transferred resident #1 from the bed to her wheelchair, she positioned herself behind the resident after she assisted the resident to sit on the wheelchair. She stated that while the resident was seated on the wheelchair, the resident suddenly leaned forward and to the floor. She stated that the resident on the tiled floor face-first and she immediately went around the wheelchair and next to the resident when she lied prone on the floor. She stated that she assisted the resident back onto the bed to lie supine while they waited for the administrator to come. She stated that the resident only had a bump on her forehead, that she placed an ice pack on the resident's forehead and the administrator arrived within 30 minutes to take over the resident's care for the remainder of the day.

In an interview with the administrator on at 10:45am, she stated that when she arrived to the facility on at approximately 7:30am, she found resident #1 in the resident's caregiver A holding an ice pack on the resident's forehead. She stated that she questioned the resident regarding this event and the resident denied pain and verbalized that she did not want to go to the hospital. She stated that she physically examined the resident, in her capacity as a registered nurse, and found that the resident only had a on the right side of her forehead. She stated that she also found a laceration at the location of the bump of the resident's forehead, which

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0025 Continued From page 2

was about one inch in length. She stated that she cleaned the resident's laceration with normal and placed a bandage on it. She stated that she notified the resident's physician on in the evening, to notify the physician of the resident's and subsequent injury to her head. She stated that on in the morning, she noticed that resident #1 had marked redness underneath her eyes. She stated that when she spoke with the resident's physician on the physician confirmed that she was going to go onsite on , so she did not call the physician again on She stated that when the physician examined the resident on , the physician recommended that the resident be transferred to the hospital and the ambulance was called. She stated that the resident was transferred to the hospital on sometime in the late afternoon.

In an interview with the physician on at 11:50am, she stated that when she called the facility in the afternoon of and spoke with the administrator, she was not notified that resident #1 suffered a with injuries in the morning of She stated that during this telephone conversation, she only discussed that she was going to visit the facility on to do a routine check-up on resident #1. She stated that when she examined the resident in the afternoon of , the resident had marks underneath her eyes and her forehead was considerably , so she recommended that the resident be transported to the hospital immediately to rule out a sub-dural hematoma.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility did not maintain a written work schedule that reflected a 24-hour per day staffing pattern for the facility's direct care staff.

The findings are:

Review of the facility's 2015 work schedule indicated that the administrator and caregiver A were both scheduled to work in the facility Mondays to Thursdays from 7am to 7pm care caregiver B was scheduled to work in the facility Fridays to Sundays from 7am to 7pm, as per the attached document.

In an interview with the administrator on at 1:05pm, she stated that she did not follow the facility's own work schedule, since she also worked part-time outside of the facility and she was not be in the facility at all times during her scheduled shift from Mondays to Thursdays, 7 am to 7pm. She stated that the facility's 2015 work schedule did not accurately reflect the actual time worked by the facility's direct care staff because she usually worked after 7pm during the weekdays and caregiver A spent her nights in the facility from Mondays to Fridays.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

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0165 Continued From page 3

Based on record review and interview, the facility failed to file a 15-day adverse incident report with the Agency for an adverse incident involving resident #1 on .

The findings are:

In an interview with the administrator on at 9:55am, she stated that the facility filed a 1-day adverse incident report with the Agency on relating to the event involving resident #1 on and it did not file a 15-day adverse incident report with the Agency because she was waiting for a response from the Agency. She stated that she was aware that the facility needed not to wait for any response from the Agency to subsequently file its 15-day adverse incident report with the Agency.

Review of the facility's 1-day adverse incident report dated on indicated that resident #1 suffered a with injury to her head during an assisted transfer from her bed to the wheelchair. Further review of this report indicated that the resident was examined in the facility by a physician on and was recommended to go to the hospital to rule out more serious injury to the resident's head.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Unique Assisted Living Residence
8501 NW 38th Street
Coral Springs, FL 33065

RE: CCR #2015005581

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an on-site visit 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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