STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932598	06/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE OF STUART, INC. (THE	1048 N. FORK ROAD STUART, FL 34994	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2015002833, was conducted onsite on and at Residence of Stuart, Inc. Additional investigation was completed on and The facility had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, staff interview and resident record review, the facility failed to properly determine the appropriateness of admission and continued residency, for 2 of 6 sampled residents' records reviewed (Resident 5# and #6).

The findings include:

1) Resident #5 was admitted on The most recent Health Assessment, dated documents diagnoses which include Issues, and Resident has gait disturbance and memory and she requires contact guard and assist of 1 person with Ambulation. Resident requires cueing and assistance with bathing, dressing, and toileting; cueing and assistance at times for transferring, but is independent with eating. Health Assessment also documents resident needs assistance with self-administration of medications.

On at 8:45 AM, Resident #5 was observed lying in bed with eyes closed, receiving Hospice services by Hospice nurse. During lunch, this resident is not brought to the dinng eat, but is fed her meals in her staff.

On at 10:00 AM, Staff A states, "Resident #5 cannot not get out of bed on her own...she has to be fed her meals." This staff confirms resident does require total assist with Activities of Daily Living (ADLs). On at 1:00 PM, Staff B, who works 6 PM until 7 AM stated, "We have one bedridden lady that I have to change every night." On at 1:30 PM, interview with the Administration confirms Resident #5 is receiving Hospice services, is bedridden, and is total assist with ADLs. Administrator also acknowledges that Resident #5's Health Assessment contained in the Resident's health record does not accurately reflect the resident's current health status (including nursing services and diagnosis) and services being provided. She further confirmed Resident #5 has decline physically since admission to the facility.

2) Resident #6 was admitted to this facility on According to the Health Assessment (AHCA Form 1823) completed for Resident #6, dated Resident #6 requires 24 hour nursing/p care due to risk for medication administration, and, in the professional opinion of the health care provider, Resident #6's needs cannot be met in an assisted living facility. No current information was included on the Health Assessment, or attached to it, for known or Medical history and Diagnoses, and Section 3 of Health Assessment contained no information as to the services offered or arranged by the facility for the resident.

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0010 Continued From page 1

On at 8:42 AM, Resident #6 was observed in the Dining seated in a wheelchair, eating breakfast without assistance. The resident was clean, and dressed appropriately.

On at 8:40 AM, during interview with the administrator, she states, "Other than our Hospice resident, we have only one resident who cannot go to the himself, [Resident #6]..."

On at 10:00 AM, Staff A confirms Resident #6 cannot get out of bed on his own.

During interview on at 1:00 PM with the live-in staff who works the 6 PM to 7 AM shift(Employee B) , she states, "I started working here in 2010. I am a security person. I work the night shift, from 6 PM - 7 AM. I usually just sit in a chair and watch movies and check on the residents to make sure they are okay, breathing properly. If someone is sick, then I am to call 911 or call administrator. Most of the residents have medication that helps them sleep through the night. We get them up at 7 AM....Seldom do I have to change [Resident #6]. He is dry before he goes to bed, and he is good until morning. Seldom does he have to be changed before morning. If a resident gets out of bed or out of bed, the sensor is triggered and alarm goes off. I will then run and check on them. "

On at 6:30 PM, a confidential interview was conducted which alleged that night staff place chairs in front of residents' beds and do not provide toileting or incontinence care to residents who need assistance.

On at 6:50 AM, I entered the facility at the same time the care staff were entering to begin their 7 AM shift. I immediately asked Staff C to take me back to Resident #6's . Upon entering Resident #6's , it was observed that one side of the Resident's bed was pushed up against one of the walls in the Resident's and the other side had a metal side rail installed which was designed to be used for children. There was also a smaller side rail installed at the foot of the resident's bed. The resident's night stand and a large, upholstered rocking chair were pushed up against the side bed rail to reinforce it, the resident's walker was positioned at the bottom corner of the bed to fill in open area, and the resident's wheelchair was placed at the foot of the bed to reinforce the bottom side rail. A small motion detector was placed on the floor in front of the walker (see photos).
The resident is seen lying awake in bed, staring at the ceiling. When he saw us enter the , he began repeating several times, "I'm sorry. I'm so sorry." Employee C placed her hand on the residents forehead and smoothed back the resident's hair and told him, "It's okay [resident's name], you have nothing to be sorry for. It's okay. We are going to get you cleaned up." I asked the aide if the resident was wet and she stated, "He is always wet when we come in."

After the resident was removed from the bed by Staff A and C and taken to be showered, the bed Resident #6 was lying on is observed to be soaked with .

An interview was conducted with the Administrator on at 7:05 AM. She stated, "We check the residents to see if they need changed every 4 hours. He was changed at 4 AM." This statement is contradictory to the

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0010 Continued From page 2

statements made by Employee B during her interview on .

After his shower, at approximately 7:10 AM, Resident #6 was seen sitting in his wheelchair getting his hair brushed by Staff C. The resident was then taken to breakfast. Resident #6 was observed smiling and was ready to eat his breakfast. This surveyor asked Employee A, if she noticed any skin issues on his body when showering the resident; she responded, "No. He does have some dry patches of skin on his sides, but nothing else."

An interview was conducted with the Administrator on at 7:05 AM. She stated, " The family purchased the bed rails for the bed. We placed the other things around the bed to prevent the resident from falling out of bed and hurting himself. We don't know what else to do to keep him safe." The administrator adds "The resident is on some medication to help him sleep, but the medication doesn't always work."

On at 2:47 PM, an interview conducted with Employee D, a caregiver on 7 AM - 6 PM shift, confirms Resident #6 always requires a two person assist for toileting and transfers.

Class III

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

Based on observations, staff interview and resident record review, it was determined the facility failed to limit the use of to only half-side rails, for 1 out 6 residents observed (Resident #6). As evidence of the facility using various items as to prevent 1 of 6 sampled residents from getting out of bed (Resident #6).

The findings include:

On at 6:50 AM, I entered the facility at the same time the care staff were entering to begin their 7 AM shift. I immediately asked Staff C to take me back to Resident #6's . Upon entering Resident #6's , it was observed that one side of the Resident's bed was pushed up against one of the walls in the Resident's , and the other side had a metal side rail installed which was designed to be used for children. There was also a smaller side rail installed at the foot of the resident's bed. The resident's night stand and a large, upholstered rocking chair were pushed up against the side bed rail to reinforce it, the resident's walker was positioned at the bottom corner of the bed to fill in open area, and the resident's wheelchair was placed at the foot of the bed to reinforce the bottom side rail. A small motion detector was placed on the floor in front of the walker (see photos).

The resident is seen lying awake in bed, staring at the ceiling. When he saw us enter the he began repeating several times, "I'm sorry. I'm so sorry." Employee C placed her hand on the residents forehead and smoothed back the resident's hair and told him, "It's okay [resident's name], you have nothing to be sorry for. It's okay. We are going to get you cleaned up."

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0030 Continued From page 3

Record review revealed a physician's order for 1/2 side rails, dated , to be used as directed for .....

An interview was conducted with the Administrator on at 7:05 AM. She stated, "The family purchased the bed rails for the bed. We placed the other things around the bed to prevent the resident from falling out of bed and hurting himself. We don't know what else to do to keep him safe." The administrator adds, "The resident is on some medication to help him sleep, but the medication doesn't always work."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Residence Of Stuart, Inc.
1048 N. Fork Road
Stuart, FL 34994

RE: CCR #2015002833

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 4, 11 and 12, 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 inspection 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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