AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	**06/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
STILLWATER ALF CORP	**2881 QUENTIN AVENUE SE PALM BAY, FL 32909**	

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

0000 - Initial Comments

Complaint Investigation #2015002955 was conducted on . Stillwater ALF Corp had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that 1 of 4 sampled residents had a completed health assessment that addressed all the required criteria (#3).

Findings:

Record review for resident #3 revealed a health assessment report AHCA form 1823 was dated . The assessment did not indicate the type of assistance the resident needed with his medications. That portion of the form was blank.

On at approximately 3 PM, the administrator stated the form was overlooked.

Class III

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

Based on observation, record review and interview, the facility failed to ensure physical were limited to half bed rails and had a healthcare provider's order, who must review the orders annually for 2 of 4 sampled residents (#1 & 4).

Findings:

Observations during the facility tour on at approximately 10 AM noted the beds of residents #1 and #4 had full bed rails.

Resident record review for resident #2 revealed an updated Assisted Living Facility Health Assessment Form (1823) dated partial vision, contracted upper extremities, foot drop. She was non- verbal and disoriented. She was bedbound and under the care of hospice. The review revealed a healthcare providers order for half-bed rails that was dated . There was no evidence the order for the half rails was revised yearly.

Resident record review for resident #4 revealed an updated Assisted Living Facility Health Assessment Form (1823) dated mental status changes, accident high and left side and . The review revealed that a healthcare provider's order for half-bed rails was not available.

On at approximately 3 PM, the administrator stated he did not know that full bed-rails were not allowed in an

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SUMMARY STATEMENT OF DEFICIENCIES
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0030 Continued From page 1

assisted living facility and that only half-bed-rails were allowed.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, out of sight of all residents.

Findings:

Observations during the facility tour on at approximately 10 AM noted 2 bottles of on top of a dresser, 1 box of patch with a prescription label dated for resident #4 that read, "Apply 1 patch every 12 hours on 12 hours off" and ointment 2%. The shared by 2 residents, #2 and #4. The door to the open, allowing other residents and visitors to access the medications.

On at approximately 12 PM, the administrator stated the resident self-administered the patches and left them in her

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care of the residents.

Findings:

Observations during the facility tour on at approximately 10 AM noted the master a black substance around the floor and the shower did not have a door or curtain. The trim on the bottom around the shower door was loose.

On at approximately 2 PM, the administrator confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Stillwater Alf Corp
2881 Quentin Avenue SE
Palm Bay, FL 32909

RE: CCR #2015002955

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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