STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	08/20/2015
NAME OF PROVIDER OR SUPPLIER **WOODMONT BY ENCORE SENIOR LIVI**	STREET ADDRESS, CITY, STATE, ZIP CODE **3207 NORTH MONROE STREET TALLAHASSEE, FL 32303**	

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

0000 Initial Comments

An unannounced Biennial Licensure survey with Limited Nursing Services was conducted at Woodmont by Encore Senior Living Assisted Living Facility in Tallahassee, FL on [redacted]. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and staff interview the facility failed to ensure resident health assessments (AHCA form 1823) were complete or obtain and document missing information from the health care provider for 1 of 2 sampled residents. (#3)

The findings include:

Review of resident #3's record was conducted on [redacted]. The AHCA form 1823 health assessment dated [redacted] section 1. C. was blank. Section 1. C. asks the provider if the resident has any [redacted], 3 or 4 pressure sores. Section 2. A. was also blank, failing to indicate how much assistance, if any the resident required with making phone calls, handling personal affairs and handling financial affairs.

An interview was conducted with the Director of Nursing (DON) on [redacted] at approximately 3:37 PM. The DON confirmed the 1823 was not complete. She stated they had recently implemented a process to check the records for complete 1823's and resident #3's record had not yet been checked.

Class III

0031 Resident Care - Third Partv Services

Based on record review, staff interviews and policy review the facility failed to coordinate care between the facility and hospice provider for 1 sampled resident with a [redacted]. (#17)

The findings include:

Review of the facility Limited Nursing Services (LNS) log was conducted on [redacted]. The log revealed resident #17 was admitted to LNS services on [redacted] with a [redacted] and services were discontinued at some point not indicated on the log or record due to hospice care continuing. Resident #17's record was reviewed on [redacted] and did not contain a copy of the hospice plan of care. There were no physician orders for the facility to care for or clean the [redacted]. On [redacted] the facility obtained a copy of the current hospice plan of care dated [redacted]. The hospice plan of

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care indicated the skilled nurse would visit the resident weekly beginning on for 13 weeks. The hospice plan of care had orders to change the as her the hospice protocol. The hospice plan of care did not mention cleaning care. The resident had a documented on and was treated with . Daily cleaning of the insertion site can help reduce the risk of .

An interview was conducted with the Director of Nursing (DON) on at approximately 10:15 AM. The DON reviewed the record and confirmed there were no orders for the facility to provide care for the resident. An interview was conducted with employee E (Licensed Practical Nurse) on at approximately 2:25 PM. She stated the staff only empty the and do not clean the insertion site. A telephone interview was conducted with the hospice Registered Nurse on at approximately 3:46 PM. He stated he was not sure if the Assisted Living Facility could perform care for a resident.

Review of the facility policy for Hospice was conducted on . The policy stated the community shall maintain a copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident. The Resident Care Director will review the hospice plan of care to ensure all interventions are appropriate and consistent with the community's service plan. The Resident Care Director will update the resident assessment and Service Plan to ensure all appropriate care is captured.

Class III

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to submit a written statement from a health care provider documenting that 1 of 3 sampled employees (#C) does not have any signs or symptoms of communicable .

The Findings:

On a record review was conducted of (3) sampled employees personnel record. Employee #C personnel record was found not to have a written statement from ah health care provider documenting that employee #C does not have any signs or symptoms of communicable .

On at approximately 1:45pm an interview was conducted with the Executive Director. During this interview the Executive Director confirmed that Employee #C did not have the written statement in her personnel record and was sent to get one. The Executive Director reported that she could not find in employee #C personnel record when hired if she had ever received the written statement.

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Class III

N277 LNS - Resident Care Standards

Based on observation, staff interviews, record review and policy review the facility failed to ensure each resident receiving Limited Nursing Services (LNS) had a physician order on file in the facility to receive those nursing services for 1 of 2 sampled residents indicated by the facility to be receiving LNS. (#15)

The findings include:

Review of the facility LNS log on revealed the resident was admitted to LNS on for the nursing staff to assist with application of braces on both knees. Review of resident #15's record was conducted on . The record contained instructions of how to apply the knee braces. The record did not contain a physician order to apply the knee braces. The nurse's notes dated stated the knee braces were placed on the resident.

An interview was conducted with the Director of Nursing (DON) on at approximately 3:15 PM. The DON reviewed the record and confirmed the facility did not have a physician order to apply the resident's knee braces.

An observation of resident #15 was conducted on at approximately 9:48 AM. The resident had the knee braces on both knees. Review of the resident's record revealed the facility still did not have a physician order to apply the braces.

An interview was conducted with employee F (resident aid) on at approximately 10:25 AM. She stated she applied the resident's knee braces this morning. Employee F stated the instruction sheet in the resident's to apply the resident's knee braces.

Review of the facility's LNS policies was conducted on . The policy stated LNS will be provided only as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file.

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and staff interview the facility failed to provide a Level 2 background screening

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for 1 of 3 sampled employees (#A).

The Findings:

On [redacted] a record review was conducted of (3) sampled employees personnel file. Employee #A personnel file revealed that she last had a Level 1 background screening conducted on [redacted] and no Level 2 background screening was found in the employee's personnel record.

On [redacted] at approximately 11:35am, an interview was conducted with the Executive Director. During this meeting the Executive Director confirmed that employee #A last background screening Level 1 was conducted [redacted]. The Executive Director also confirmed that employee #A did not have a level 2 background screening in her personnel record and per review she had not received one. The Executive Director reported that she had employee #A to leave this morning to receive the Level 2 background screening and she could not return until the facility receives the results.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Woodmont By Encore Senior Living
3207 North Monroe Street
Tallahassee, FL 32303

RE: Bienniel Licensure Survey Plus Complaint # 2015007254

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 and send 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
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