State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966721

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/25/2015

Name of Facility
STILLWATER ALF CORP

Street Address, City, State, Zip Code
2881 QUENTIN AVENUE SE
PALM BAY, FL 32909

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	0055	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	0152	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ
ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ	ID Prefix Reg. # LSC	ZZZZ

Reviewed By State Agency	Reviewed By L. Henry for J. Decsmr	Date: 9/1/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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

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

0000 Initial Comments

The revisit to Complaint Investigation #2015002955 was conducted on / . Stillwater ALF Corp. Assisted Living Facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

A 008 remained uncorrected
Based on record review and interview the facility failed to ensure that 1 of 4 sampled resident records (#3) reviewed had a completed health assessment that addressed all the required criteria.

Findings:

Record review of resident #3's Resident Assessment Form 1823 dated / revealed the sections that indicated the type of assistance with medications was left blank.

During a telephone interview with the administrator on at approximately 1:30 PM, he stated he thought the hospice agency had completed another 1823 with the required information.

Class III

0010 Admissions - Continued Residency

Based on observations and interview the facility admitted 1 of 4 sampled residents (#2) who was unable to transfer, was total care with Activities of daily living and toileting which exceeded the residency requirement in the ALF

Findings:

During the tour of the facility on at approximately 1:15 PM Resident #2 was observed in bed with full bed rails up and attached on both sides of her bed.

An interview was attempted with Resident #2, she did not respond. The Staff A stated the resident did not communicate. Staff A stated the resident did not walk and was total care with bathing, dressing, and toileting. She stated the resident was admitted to the facility a couple of days ago.

During a telephone interview with the Administrator on at approximately 1:30 PM, he stated the resident was respite and was a Department of Children and Family placement. He stated he thought she

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could be admitted being total care because she was respite.

Class III

0030 Resident Care - Rights & Facility Procedures

A 030 Remained uncorrected
Based on observations and interview, the facility did not ensure the use of physical was limited to half-bed rails for 2 of 4 sampled residents (#2 and #4).

Findings:

During the tour of the facility on / at approximately 1:15 PM Resident #2 was observed in bed and had full bed rails up and attached on both sides of her bed. An interview was attempted with Resident #2, she did not respond. Staff A stated the resident did not communicate. Further observations revealed resident #4 was in the same " Resident #2 and had full bed rails on both sides of her bed and they were up. Resident #4 was sitting in the . During an interview with Resident #4 at the time she stated she had already ordered the half rails for her bed.

Record review for Resident #4 revealed there was no orders in the record for bed rails form the health care provider. Staff A reviewed the residents chart and stated she did not see an order for the bed rails.

Resident #2 did not have a record available for review.

During a telephone interview with the administrator on at approximately 1:30 PM, he stated he thought there was an order for the half bed rails for resident #4. He stated he did not know resident #2 had full bed rails. He stated the staff must have put them on the bed.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that it maintained a record for 1 of 4 sampled residents (#2) that contained all of the requirements.

Findings:

During a telephone interview with the Administrator on at approximately 1:30 PM, he stated

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident #2 was respite and had only been at the facility for a couple of days. He was asked if she had a record. He stated she did and needed to speak with the staff that was present so that they could provide the record.

The staff provided records for other residents as requested however, Staff A stated at the time she could not find a record for Resident #2.

The facility did not obtain a record that included the admission documentation for Resident #2 as follows:
Resident demographic data that included her Name, , Race, Date of birth, Place of birth, if known Social security number, Medicaid and/or Medicare number, or name of other health insurance , Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency and Name, address and telephone number of the health care provider and case manager, if applicable.
Any orders for medications
Admission weight
A copy of the written informed consent described in Rule 58A-5.0181, F.A.C.
A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Revisit to CCR#2015002955

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 25, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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