AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11963902	A. Building B. Wing	12/22/2015

Name of Facility	Street Address, City, State, Zip Code
AMERICARE ASSISTED LIVING	2992 DAY ROAD DELTONA, FL 32738

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28(LSC		ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC		ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Sana Meyers	Date: 1/5/16
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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

4, 2016

Administrator
Americare Assisted Living
2992 Day Road
Deltona, FL 32738

Dear Administrator:

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

All deficiencies shall be corrected no later than , 2016.

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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosures

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE ASSISTED LIVING	**2992 DAY ROAD DELTONA, FL 32738**

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

0000 Initial Comments

An unannounced follow up visit for complaint survery, CCR #2015006307, was conducted on . Americare Assisted Living Facility had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and staff interviews, the facility failed to notify the Resident physician and family member after a for 4 (Resident #15, #16, #17, and #18) of 5 sampled residents for .

The findings include:

A review was conducted of the facilities Policy and Procedure for Incident reporting dated / which reads "Facility will notify the relative/ guardian, physician and Administrator as soon as possible" after completing an incident report.

A review of the facility Incident reports reveals 7 since involving 5 residents.

1) An incident report dated reviewed for Resident # 15 read, "Resident reported she in the shower, laceration to 5 toes" No documentation is found that the family or the resident physician was contacted and notified of the resident's . A physician visit was done on / and there is no mention or documentation of the residents in the physician's documentation. (Photographic evidence obtained)

An interview with Resident #15 was conducted on at 10:32 am and confirmed she on . She reported that her toes still hurt and she has not seen a physician.

An interview with the Administrator and Employee B on at 10:45am confirmed the family and the physician were not contacted for Resident #15 on .

2) A review was conducted of an Incident report for Resident #17. The report it read "Resident lying on her back beside her bed". No documentation is seen were the Physician was contacted to notify him of the . (Photographic evidence obtained)

An Interview with the Administrator on at 10:45 AM confirmed the physician was not

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	AL11963902	R

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

contacted for Resident #17.

3) A review of an Incident report for Resident #4 dated / at 1:50pm revealed, "Resident found on both knees, hospice was contacted ". There is no documentation the family was notified. (Photographic evidence obtained)

An interview with the Administrator and Employee B on at 10:45 am confirmed the family was not contacted for Resident #4 when she on /

4) An incident Report for Resident # 16 dated / at 10:45 PM reads: "Resident was transferring from his scooter to his bed, Evac was called and assisted to bed ". (Photographic evidence obtained)

An interview with the administrator on at 10:45am confirmed the physician nor was the family contacted of Resident #16's on . She stated "The son was in a few days later and we told him them but I didn't document it. The papers had already been filed".

5) An incident report for Resident #18 dated / at 4:30 AM was reviewed and revealed, "While exiting resident , dark, she lost balance and . Resident came out of nurse ' s station to complain of situation and complain of side of head bump". There is no documentation found where physician was notified, family was not notified until the next day when they visited. (Photographic evidence obtained)

An interview with the Administrator on at 10:45 am confirmed the physician was not contacted with Resident #18 and the family was notified when they came into visit the next day.

6) An incident report for Resident #17 dated at 4:00 PM was reviewed and read: "Found lying on the floor head against the fireplace in the library area with gash to head. Sent to hospital via EVAC". (Photographic evidence obtained)

Interview with the Administrator on at 11:27 PM confirmed the physician was not called and doesn't know why they didn't call. She verified the family came into visit and we told them when they came in.

An interview with the Administrator on at 11:38 AM confirmed the facility is not following their own policy and procedures for and incidents.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	R

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SUMMARY STATEMENT OF DEFICIENCIES
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0029 Resident Care - Nursing Services

Based on record review and staff interview, the facility failed to arrange for nursing services for taking and documenting vital signs for 1 resident (Resident #19) out of 2 sampled residents.

The findings include:

A review of the _____ Medication Observation Record was conducted for Resident #19 and it revealed from _____ - _____ 2015, the resident was having her taken two times a day by medication technicians at the facility, and not licensed staff.

An interview with the Administrator on _____ at 12: 30 PM confirmed Employees C & G were taking _____, on Resident #19 were not licensed staff.

Class III