STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	03/23/2016
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

0000 Initial Comments

CHOW w/LNS

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure a newly hired Staff C had submitted a written statement from a health care provider documenting she was free from communicable .

Findings:

A review of Staff C's personnel file revealed she was hired on / as a resident assistant ( ). There was not a statement of freedom from communicable including ( ) in her file at all.

On at 3:30 p.m., the administrative assistant confirmed that Staff C had not yet submitted such statement.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled staff (E) to attend the mandated in-service training.
Findings:
Personnel record review for staff E revealed she was hired by contract to oversee the Limited Nursing Services and provide supervision to the Licensed Practical Nurses, on / and was a Registered Nurse.
Continued review revealed no evidence to confirm she attended an in-service training regarding a 1-hour in-service training regarding Resident Rights in an assisted living facility; Recognizing/Reporting /neglect/ , a 1-hour in-service training regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and major incident reporting; and an in-service training regarding the facility's elopement response policies and procedures, within 30 days of hire. There was evidence to confirm she attended the CORE training and was therefore exempt from the 1-hour in-service training regarding Resident Rights in an assisted living facility; Recognizing/Reporting /neglect/ .
In an interview on at 4 PM with the Administrator who stated the nurse was contracted and not a staff and therefore did not need the in-service training.

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Class III

0090 Training -

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled staff (# E) to attend an in-service training regarding the facility's ( ) policies and procedures.
Findings:
Personnel record review for staff E revealed she was hired by contract to oversee the Limited Nursing Services and provide supervision to the Licensed Practical Nurses, on / and was a Registered Nurse. Continued review revealed no evidence to confirm she attended an in-service training regarding a 1-hour in-service training regarding the facility's policies and procedures.
In an interview on at 4 PM with the Administrator who stated the nurse was a contracted and not a staff and therefore did not need the in-service training.
Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure to post an approved planned nutritional menu, and a substitution menu to be signed and dated by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician. The facility also failed to have canned vegetables on hand at all times in the facility for the 3-day emergency supply of nonperishable foods required.

Findings:
1. Observation on at 11:30 AM revealed there were no approved menus by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician in the dining area or the kitchen.

During interview on at 11:40 AM with the Director of Food Service confirmed that there were no canned vegetables included in the facility on hand for 3-day emergency supplies.

During an interview on at 11:50 AM who confirmed the registered dietician was changed at change of ownership (CHOW) effective / .

Observation on at 2 PM, the Director of food service presented 4 menus. Further review revealed the wrong cycle rotation dates on the menus. The menus presented were for the months of thru , however there was no year documented on the menus.

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During the exit conference on at 4:50 PM with the administrator the opportunity was given to provide the correct and approved menus by the registered dietician.

2. During an interview on at 11:40 AM with the Director of Food Service who confirmed there were no canned vegetables included in the facility on hand for the 3-day emergency supplies.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment for 1 of 12 sampled residents (#8) ensuring that existing architectural, mechanical, and structural systems was repaired in a timely manner.

Findings:

During interview on at 2 PM with resident #8, who stated she has a hole in her (106) ceiling above the toilet. Resident #8 stated about a week ago the ceiling tile on the floor in a million tiny pieces right after she used the 10 minutes prior. Resident #8 stated that it scared her and that she reported it to the maintenance department immediately.

Observation on at 2 PM in , revealed a ceiling tile (measured approximately 36' inches by 36' inches) directly above the toilet in the missing.

An interview on at 2:20 PM with the administrator informing him of what was observed in and requested the maintenance supervisor.

An interview on at 2:30 PM with the maintenance supervisor to review the request made by resident #8 relating to the missing tile in her (#106). The Maintenance supervisor confirmed that he did not have any documentation of the maintenance request for ceiling to be replaced.

At 2:45 PM on , the maintenance supervisor informed me that he got a loaner special part (coquina) from the Long Term Care Nursing Home maintenance supervisor and was able to repair the ceiling tile in .

Observation on at 3 PM revealed the ceiling tile was replaced.

Class III

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0160 Records - Facility

Based on record review and interview, the facility failed to respond and have documentation for 2 of 12 sampled residents (#2 & #8) grievance request involving and missing items from their apartments.

Findings:

1. During an interview on at 11:10 AM with resident #2 ( ) who stated she had reported to the administrator there was missing money and items from her apartment. Resident #2 made an ongoing list of items and money missing to give the administrator but the administrator never responded to her grievance request.

Record review of the facility's grievance log revealed no documentation of the resolution of the grievance request submitted.

Interview with the administrator on at 2:20 PM who stated he had no knowledge of resident #2's missing money or items. He stated that the resident #2 did not make him aware and that he had no documentation.

2. During an interview on at 2 PM with resident #8 ( ) stating that "she was robbed at of $53.00 cash about 3 weeks ago." Resident #8 stated that she was in the shower when housekeeping (an old housekeeper and a new housekeeper) came to her bring her some extra washcloths.

Resident #8 stated that when she got out of the shower and got dressed; she went into her kitchen to get a drink and noticed that her wallet was open and out of her purse and her $53.00 cash was gone. Resident #8 stated that her wallet is never out of her purse as she keeps her wallet in her purse all the time.

Interview with the administrator on at 2:20 PM about the outcome of resident #8's missing $53.00 and the police investigation. The administrator confirmed that he did not have any documentation and/or have police report of the investigation in possession. The administrator stated that an internal investigation was completed but he did not have any documentation. The administrator confirmed the new housekeeper did not return back to work after the investigation.

There was no documentation of the investigation by the facility relating to the missing money or the fact the police were called and an investigation was conducted.

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Class III

0161 Records - Staff

Based on personnel record review and interview the facility failed to ensure the personnel record for 1 of 5 sampled staff (E) contained the mandated documentation that included background screening results.
Findings:
Personnel record review for staff E revealed the background screening results were not available.
The administrator provided the survey team with a copy of a screening result that was printed on

In an interview on at 4 PM with the Administrator who stated he reviewed the nurse's background screening and knew she was eligible but failed to print it.
Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to report and file adverse incident report for 1 of 12 sampled resident (#8) after law enforcement officer was contacted for an investigation that was conducted.

Findings:
Record review of the facility's adverse incident log revealed that no documentation or a adverse incident report was filed for resident #8 monies $53.00 cash stolen out of her , three weeks ago.

Interview on at 2:20 PM with the administrator stating that he was not aware that adverse incident report had to be filed for resident #8's investigation. Administrator stated that he did not know that the investigation involving resident #8 was an adverse incident to be reported to Agency for Healthcare Administration (AHCA) .

On at 2:25 PM read Florida Statute 429.23, number #7 regulations regarding adverse incidents and reporting requirements involving law enforcement for an investigation to the administrator. Administrator confirmed that he understood.

Class III

N277 LNS - Resident Care Standards

Based on resident record review and interview the facility did not ensure nursing services conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing

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community for 1 of 3 sampled residents (#1), who received Limited Nursing Services (LNS) and allowed Licensed Practical Nurses to conduct nursing assessments.
Findings:
During the facility entrance interview on at 9:15 AM resident #1 was identified as receiving LNS for the application of .
Resident record review for Resident #1 revealed she received Limited Nursing Services for the administration of continuous at 2 liters per minute by nasal cannula. A healthcare provider's order dated indicated at 2 liters per minute.
The review revealed nursing assessment dated was signed by a Licensed Practical Nurse (LPN).
Nursing assessments dated / / and / were conducted by the LPN and co-signed by the Registered Nurse (RN).
In an interview on at 2 PM with the Director of Nursing who stated the LPN filled out the assessment and the RN came monthly to review the assessment and co-sign them.
In an interview on at 4 PM with the Administrator who stated that an LPN could conduct nursing assessments and the RN co-signed the assessments. He produced an Aspen regulation set dated 2010 where it indicated that this practice was allowed.
He was directed to the Nurse Practice Act and made aware Aspen regulations had bed updated several times since then.
Class III

N278 LNS - Records

Based on record review and interview the facility did not make sure that complete nursing progress notes and nursing assessments were maintained for 1 resident (#1) in a sample of 3 who received Limited Nursing Services (LNS).
Findings:
During the facility entrance interview on at 9:15 AM resident #1 was identified as receiving LNS for the application of .
Resident record review for Resident #1 revealed she received Limited Nursing Services for the administration of continuous at 2 liters per minute by nasal cannula. A healthcare provider's order dated indicated at 2 liters per minute continuous.
Continued review revealed the nursing monthly assessments dated / / , and did not always indicate the resident's health status and the response to the nursing service provided or any changes in the scope of services provided.
The Director of Nursing provided two Medication Observation Records (MOR) dated and 2016. The MOR listed the continuous at 2 liters per minute by nasal cannula and had staff initials on the 7 a-3, 3-11 and 11-7 a shifts.

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In an interview on at 2:45 PM with the Director of Nursing, who stated the nurses used a treatment record to document the application/monitoring of the , but nurse's notes were not done. Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2016

Administrator
Solaris Senior Living At Merritt Island
535 Crockett Blvd.
Merritt Island, FL 32953

RE: Change of Ownership w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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