STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	05/04/2016
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3855 INDIAN RIVER BLVD VERO BEACH, FL 32960**	

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

0000 Initial Comments

An unannounced Change Of Ownership (CHOW) survey with Limited Nursing Services (LNS) was conducted on & at Solaris Senior Living Vero Beach. The facility had deficiencies at the time of the visit.

Note: The Limited Nursing Services component of the survey was conducted on /. See separate report for findings.

0030 Resident Care - Rights & Facility Procedures

Based on observations, interviews and record review, the facility failed to ensure residents rights were adhered to for 5 out of 5 sampled residents related to ; and, for 30 out of 30 residents related to environment; for 1 out of 9 sampled residents related to sanitation during medication pass.

The findings included:

1) During observation of residents in the memory care unit on at 9:00 AM, and again on at 11:00 AM, Resident #12, #16, #17, #19 and #20 were observed with overgrown (about 1/4 inch long), soiled (dark substance underneath), and/or jagged fingernails. During interview with the ADON (assistant director of nursing) and the Administrator at 11:00 AM on , they acknowledged these findings and discussed direct care staff's responsibility to assist with . They stated nail care brushes would be ordered for residents at this time.

2) During tour of the memory care unit on at 9:00 AM, and again on / at 11:00 AM, an odor of was evident throughout the halls and common areas. On / at 1:00 PM, the odor was identified on a chair in the living , used by residents during activities, and two additional cloth benches in the hallway near the entrance and in a corner by the porch entrance. During interview with the Administrator at 11:00 AM on , he acknowledged the facility was addressing environmental repairs and maintenance, as well as the aforementioned findings.

3) Observations made during medication systems review revealed nursing practices not consistent with established and recognized standards within the community:

On at 8:15 AM the large metal pill crusher located on the left medication cart was observed with a partially-used roll of white cloth tape stored on the arm of the pill crusher. The pill crusher was

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excessively soiled in and around the crushing area with debris build up in the crushing area. Employee C, a Licensed Practical Nurse, present at the time of observation was asked and stated the pill crusher is run through the dishwasher as needed. She acknowledged the condition of the pill crusher. On at 8:17 AM, the large metal pill crusher located on the right medication cart was observed with two partially-used rolls of white cloth tape and five rubber stored on the arm of the pill crusher. The pill crusher was soiled in and around the crushing area. This was brought to the Director of Nursing's attention on at 9:15 AM. She acknowledged the improper storage use of the pill crusher arms and the soiled state of the pill crushers.

Class III

0054 Medication - Records

Based on observation, interviews and record review, the facility failed to maintain accurate medication records for 2 of 4 sampled Residents (Resident #1 and #2) by initialing a dose incorrectly and not accurately transcribing a written Health Care Provider (HCP) order.

The findings included:

Medication systems review was conducted / and / . The following concerns were identified:

1. Review of Resident #2's medical records revealed a written HCP order dated calling for 5% eye drops, one drop to the right eye four times daily. Observation of the medication container revealed the same information. On at 8:50 AM, Employee B was observed to administer the drops to Resident #2. Review of his 2016 medication observation record (MOR) revealed an entry for " 2% eye drops, instill 1 drop in the right eye four times daily". This was brought to the Director of Nursing's attention on at 10:10 AM, she acknowledged the discrepancy in the MOR and stated the nurses should have caught it.

2. Review of Resident #1's 2016 MOR revealed an entry calling for 400 milligrams, one-half tablet by mouth Monday, Wednesday and Friday". Further review of her MOR revealed a nurse had initialed the box indicating the resident received a dose on Sunday /. There was nothing on the reverse of the MOR or her medical records to explain this entry. This was brought to the Director of Nursing's attention on at 9:15 AM. At 10:15 AM, she confirmed the entry was a typographical error and the resident did not receive an incorrect dose of medication.

Class III

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0056 Medication - Labeling and Orders

Based on observation, interviews and record review, the facility failed to ensure licensed nurse staff obtained written orders from a Health Care Provider (HCP) prior to changing instructions for use of a medication, for 1 of 4 sampled Residents (Resident #1).

The findings included:

On ../.. at 8:48 AM, Employee B, a Licensed Practical Nurse, was observed to administer one table of .. .. (a controlled substance) 5 milligrams to Resident #1. Review of the prescription label attached to the medication container revealed it had been altered. It originally read "once" daily but was crossed out and written in "x2 daily". This also was crossed out leaving no instruction related to the correct dose to administer. There was no "alert" label or other instruction to refer the reader to the medication observation record (MOR) for accurate instructions. In an interview conducted at the time of observation, Employee B, a Licensed Practical Nurse (LPN), was asked and stated she didn't know who altered the label but it was supposed to be daily and she then wrote "QD" on the prescription label. She further stated she had to order a new prescription label from the pharmacy.

In an interview conducted ../.. at 8:56 AM, Employee C, a LPN, was asked and stated if the dose changed, she would apply a sticker to the medication container and make a note on the MOR and in the resident's chart.

Review of her .. 2016 MOR revealed an entry calling for the medication to be administered "once daily". The written HCP order dated .. called for "5 milligrams daily".

This was discussed with and acknowledged by the facility's Director of Nursing on .. at 9:27 AM. She stated nurse staff are not supposed to alter prescription labels, they are supposed to obtain an updated prescription label from the pharmacy.

Class III

0093 Food Service - Dietary Standards

Based on observation, interviews, and record reviews, it was determined the facility failed to ensure that each resident received the nutritional requirements noted on the menu developed by the Registered Dietitian in the Memory Care Unit; and, that 2 out of 3 sampled residents received a therapeutic diet as indicated on their health assessments; and, that substitutions were noted before or when the meal is

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served in the Memory Care Unit. It was also noted the facility failed to post the menu for the residents residing in the memory care unit.

The findings included:

1) During lunch observation conducted on the Memory Care Unit, on beginning at approximately 12:30 PM, Resident #17 was observed to have been served tomatoes soup, stuffed chicken , mashed potatoes with gravy, a roll, mixed vegetables and jello for dessert. On at 11:30 AM, the resident was served a sloppy joe sandwich, mixed vegetables and potatoes chips.

Review of this resident's health assessment (AHCA Form 1823) dated // showed the resident was alert and oriented times 1 to 2, had diagnoses including and Type II (dependent), and was to receive a "Consistent " diet and required supervision with eating.

2) On at 11:30 AM, Resident #21 was served the contents of a sloppy joe sandwich poured on to a plate (ground beef with sauce, no bread) and mixed vegetables. The resident asked, "Where is my ...? Why didn't I get a ?". Staff then brought the resident a and a side bowl of mashed potatoes. The other residents in the memory care unit were served a sloppy joe sandwich, mixed vegetables and potatoes chips.

Review of this resident's health assessment (AHCA Form 1823) dated // showed the resident had diagnoses including , , , and Type II (dependent). She was to receive a "Calorie Controlled" diet and required assistance with eating (set up). It was also noted that the resident "needs encouragement", "does require cueing, direction at times", and had a "loss of " and is to receive a "mechanical soft diet".

During an interview conducted with the Food Service Director (FSD), on at 2:30 PM, he stated that he had no diet orders for residents on therapeutic diets in the memory care unit, specifically no knowledge of these residents' "consistent , " and "calorie controlled" diet requirements. He did not have any parameters to follow for these diet requirements. He stated that he thought the mechanical soft diet for Resident #21 was for "preference only".

Another interview conducted with the FSD on / at 1:30 PM revealed the residents in the main assisted living portion of the building received many choices for lunch, including a choice of two main entrees Baked Fish or Stuffed Peppers with Rice, choice of soup, desserts, fruit sides and salads. These choices were available to these residents for both and / . When asked why the residents in the secured memory care unit received Tomato Soup, Stuffed Chicken , Mixed Vegetables and Mashed Potatoes with a Roll, he stated the facility "did not have enough product".

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Review of the already noted substituted lunch for residents showed only documentation of the main assisted living facility lunch that was served, not the meal served in the memory care unit. A list of substitutions for the "West Wing" (memory care unit) was later received and showed documentation that the reason the meal was substituted was "product short". During interview with the FSD again on at 2:30 PM, he was asked why the lunch served to the memory care unit residents was different from the main assisted living area residents a second day in a row. He stated they received an "abbreviated lunch" because there was "a birthday party" at 2:30 PM. These residents received Sloppy Joe sandwiches, Potato Chips and Mixed Vegetables while the residents in the main assisted living received the choices noted above, main entrees including Baked Fish and Stuffed Peppers.

Review of the current approved menu, valid through / was reviewed and did not have the meals served above listed as any of the approved meals in the four week cycle. During interview with the FSD on at 1:30 PM, he confirmed that none of the menu was being followed since the new ownership of the facility and an upcoming change of the menu which he is creating himself for approval at a later date. He presented an ongoing list of meals that he hand wrote on a "substitution list" for all meals. It could not be determined whether the meals were prepared using standardized recipes approved by the dietician.

2) During tour of the memory care unit on / at 9:00 AM, and again on at 11:00 AM, no posting of the planned menu was observed. The only menu posted for residents was located in the front area of the facility, where residents in the memory care unit were not able to access. These findings were acknowledged by the FSD (Food Service Director) during interview on at 3:00 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Solaris Senior Living Vero Beach
3855 Indian River Blvd
Vero Beach, FL 32960

RE: Change of Ownership Survey

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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