STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	**01/30/2017**
NAME OF PROVIDER OR SUPPLIER **WOODMONT A PACIFICA SENIOR LIVING COMMUNITY**	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)

N278 - LNS - Records - 58A-5.031(3) FAC

Based on interview and facility and resident record review, the facility failed to ensure monthly nurisng assessments were performed for residents receiving Limited Nursing Services for 2 of 3 resident records review (#1 and #3).

The findings include:

There were three residents identified to be receiving Limited Nursing Services, and their records were reviewed.

Resident #1 had physician orders, dated , to apply (-embolic Deterrent) Hose to lower extremities every morning and remove every evening. The facility presented a nursing assessment dated , but the assessment failed to address the resident's lower extremities. There were no nursing assessments presented for months prior.

Resident #3 had physician orders dated , to perform dressing changes as needed for a , . A review of the monthly nursing assessments identified a nursing assessment performed on . The assessment failed to identify the condition of the , and merely identified care was being performed by home health. There were no other nursing assessments presented to identify the facility's assessment of the , , apart from documentation provided by the home health agency.

Class III

0000 - Initial Comments

An unannounced state licensure limited nursing services monitoring visit was conducted on , , 2017 at Woodmont A Pacifica Senior Living Community located at 3207 North Monroe Street, License #99. Deficient practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, interviews and facility and resident record review, the facility failed to ensure that residents met the minimum criteria in order to maintain continued residency in the facility for 1 of 3 Limited Nursing Services residents reviewed. (Resident #3)

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WOODMONT A PACIFICA SENIOR LIVING COMMUNITY	**3207 NORTH MONROE STREET TALLAHASSEE, FL 32303**

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

The findings include:

Resident #3 was identified on the facility' Limited Nursing Services log to be receiving care for a . A review of the resident's record identified resident #3 was admitted into Limited Nursing Services on for 'as needed' (PRN) dressing changes to a , to the . A review of the physician order, , identified an order to admit into Limited Nursing Services for PRN dressing changes. The type of dressing change failed to be indicated.

Interview with the Director of Nursing (DON) on at approximately 1:00pm revealed that it was an order to do the same dressing changes that Home Health was performing for resident #3.

Narrative charting documentation identified an entry on noting an "open area to the left of the , dime size. No drainage. Periwound with slight redness, no . reddness of the above the . Amedysis has been requested for care. MD notified". Home health was contacted to consult for the . There was no documentation to support the resident was seen by a physician at that time.

A review of the medical record for resident #3 identified a physician order, faxed from Home Health , that was dated , to "increase skilled nurse frequency effective week of to perform care to as follows: cleanse with normal , dry, skin prep; mepilex ag foam and tegaderm or hydrocolloid tegaderm change twice weekly/prn".

The DON presented a "Plan of Treatment" summary sheet, for certification period to that indicated the care giver was to perform care PRN for loose/saturated dressing on days with no skilled nursing visit. Skilled nurse/caregiver to perform care every 3-4 days and PRN for loosened/soiled dressing. Remove soiled dressing, cleanse with NS (normal), , dry with gauze, apply Ag ( ) foam, cover with Tegaderm."

A review of Home Health records showed a /Skin Addedum dated , that identified a to of resident #3, measuring 1.0cm (centimeter) x 1.0cm x 0.2cm. The , had failed to improve, and as of , it had documented measurements of 1.0 x 0.5cm x 0.1cm. Resident #3 had also developed a new , to the right measuring 1.0cm x 3.0cm x 0.1cm. There was no indication the physician was notified or care orders were obtained for that area. There had been no improvement in the in greater than 30 days, and there was no documentation that an assessment had been completed on resident #3 to determine if the resident remained appropriate for the Assisted Living Facility.

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WOODMONT A PACIFICA SENIOR LIVING COMMUNITY	**3207 NORTH MONROE STREET TALLAHASSEE, FL 32303**

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

A review of the facility's monthly nursing assessments, dated , failed to address the condition of the , merely indicating that dressings were being changed by home health.

The Resident's Health Assessment (1823) dated , failed to make any notation that the resident had a , and did not reflect the change in condition for resident #3.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on observation, interviews and resident/facility record reviews, the facility failed to ensure that one of three residents reviewed for Limited Nursing Services (LNS) continued to meet the residency criteria as specificed in Rule 58A-5.0181,F.A.C. (Resident #3)

The findings include:

A review of the facility's log maintained for resident's receiving LNS services was reviewed. Identifiifed to be included in the sample was resident #3, noted to have a , to the .

A review of the medical record for resident #3 revealed admission to Limited Nursing Services on for as needed (PRN) dressing changes to a , to the . A physician order, dated , stated to admit resident #3 into Limited Nursing Services for PRN dressing changes. The type of dressing change failed to be indicated.
Interview with the Director of Nursing (DON) on at approximately 1:00pm revealed that the physician's order was to do the same dressing changes that Home Health was performing for resident #3.

Narrative charting documentation identified an entry on that noted an "open area to the left of the , dime size; no drainage. Periwound with slight redness, no . reddness of the above the . Amedysis has been requested for care. MD (physician) notified."
Home health was contacted to consult for the ; however, there was no documentation to support the resident was seen by a physician at that time.

Further review of the record for resident #3 identified a physician order, faxed from Home Health , that was dated , to "increase skilled nurse frequency 2 wk 5; 1 wk 1 effective week of to perform care to as follows: cleanse with normal , dry, skin prep; mepilex ag foam and tegaderm or hydrocolloid tegaderm change twice weekly/prn".

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

A review of the facility's monthly nursing assessments, dated , failed to address the condition of the , merely indicating that dressings were being changed by home health.

The Resident's Health Assessment (1823) dated , failed to make any notation that the resident had a , . The 1823 failed to accurately reflect the condition of the resident at that time.

A review of the home health records for resident #3 revealed a /skin addedum dated that identified a , to the , of resident #3 measuring 1.0cm (centimeter) x 1.0cm x 0.2cm. The , had failed to improve and as of was documented to measure 1.0 x 0.5cm x 0.1cm. Resident #3 had also developed a new , to the right measuring 1.0cm x 3.0cm x 0.1cm. There was no indication the physician was notified or care orders were received. There had been no improvement in the in greater than 30 days, and no documented determination of needs that certified the resident was suitable to remain in the Assisted Living Facility.

Class III