STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENCES OF BRANDON MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016014581), was completed at , Residences of Brandon Memory Care on . Deficient practice was identified during the investigation.

(License # 9739)

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

Based on record review and interview, the facility failed to ensure that:

1. Residents had a face-to-face medical examination after a significant change. This occurred for two (Resident #1 and Resident #3) of four residents reviewed.

2. A resident's face-to-face medical examination after the initial assessment was completed fully for one (Resident #8) of four residents reviewed.

Findings included:

1. On , a review of Resident #1's chart revealed that Resident #1 had a medical examination, Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), which was completed . This AHCA Form 1823 documented that Resident #1 did not have any , 3, or 4 , at the time of the assessment. There was also no documentation on this AHCA Form 1823 that Resident #1 was receiving or recommended for hospice services.

On , a review of Resident #1's chart revealed a physician order dated that ordered a hospice evaluation for Resident #1.

On , a review of Resident #1's hospice form provided by the Hospice Registered Nurse (RN), which was dated , revealed that Resident #1 was assessed as having a , located on his .

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On , further review of Resident #1's chart revealed that the only AHCA Form 1823 was completed . There was no AHCA Form 1823 that reflected that Resident #1 had been admitted to hospice and had developed a .

In an interview on at 4:38 PM, the Director of Resident Services confirmed that Resident #1 did not have a medical examination after his admission to hospice. The Director of Resident Services confirmed that Resident #1 did not have an additional AHCA Form 1823.

On , a review of Resident #3's chart revealed an AHCA Form 1823 that had been completed . This AHCA Form 1823 documented that Resident #3 did not have any , 3, or 4 , . The AHCA Form 1823 documented that Resident #3 was receiving hospice services.

On , a review of Resident #3's hospice form provided by the Hospice RN revealed that Resident #3 had a , located on her .

In an interview on at 12:00 PM, the Hospice RN stated that Resident #3 had a , to her , that hospice was providing care for three times a week.

In an interview on at 1:23 PM, the Director of Resident Services stated that normally the resident's AHCA Form 1823 is updated when there is a significant change. The Director of Resident Services stated that she thought that Resident #3's AHCA Form 1823 didn't need to be updated to reflect the , because documentation of the was in the documentation kept by hospice.

2. On , a review of Resident #8's chart revealed that the health assessment did not have a physician's signature, medical license number, the address of the examiner, the phone number, or the date of the examination.

The Resident Care Coordinator stated on at 2:30pm that she did not notice the assessment was not completed. She stated she could have it corrected right away.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to ensure that the resident's written record was updated to reflect a significant change or other change that resulted in the provision of additional

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services for two (Resident #2 and Resident #3) of three residents reviewed.

Findings included:

In an interview on at 12:00 PM, the Hospice Registered Nurse (RN) stated that Resident #2 was being treated by hospice for .

In an interview on at 2:15 PM, the Hospice RN confirmed that Resident #2 had a to her right arm that had a start date of treatment of .

On , a review of the hospice assessment provided by the Hospice RN revealed that Resident #2 was documented to have a to the right arm with a start date of .

On , a review of Resident #2's facility chart revealed no documentation of the in the progress notes or other assessments.

In an interview on at 4:12 PM, the Director of Resident Services stated that the facility had no documentation stating that Resident #2 had a . No additional documents were provided.

In an interview on at 12:00 PM, the Hospice RN stated that Resident #3 had a , to her , that hospice was currently providing care for three times a week.

On , a review of Resident #3's hospice form provided by the Hospice RN revealed that Resident #3 had a , located on her , and listed the start date of the as .

On , a review of Resident #3's facility chart revealed that the facility chart contained no documentation of the . Resident #3's chart contained a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) that had been completed which documented that Resident #3 did not have any , 3, or 4 . Resident #3's chart also contained a skin observation form dated which stated that Resident #3's skin was observed to be intact with no open areas. The facility's progress notes for Resident #3 contained no documentation that Resident #3 had a .

In an interview on at 1:23 PM, the Director of Resident Services stated that she thought that

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Resident #3's AHCA Form 1823 didn't need to be updated to reflect the because documentation of the was in the documentation kept by hospice organization.

In an interview on at 4:12 PM, the Director of Resident Services was questioned as to why the skin assessment completed for Resident #3 stated that the resident's skin was intact with no open areas. The Director of Resident Services stated that she had Resident #3 with another resident. No additional documents were provided.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide or arrange for the required in-service training to facility staff for one (Staff D) of four sampled staff.

Findings included:

On at 12:54 PM, the surveyor reviewed Staff D's file and observed pre-signed certificates for control, assisting with activities of daily living (ADL), and resident rights trainings that were incomplete. Staff D's name and a date completed were omitted from the documents provided in file. There was no documentation that Staff D had completed these trainings at the facility.

In interviews conducted on at 4:08 pm with the Administrator, Director of Resident Care, and Staff E, they confirmed that training was conducted online and that Staff E oversaw the training. They confirmed that extended congregate care (ECC), limited nursing services (LNS), control, and ( ) trainings were conducted by the Director of Resident Care. Staff D, a direct care staff member, was hired on and their 30-day period ended on .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that the facility maintained a copy of the hospice interdisciplinary care plan for one (Resident #1) of three hospice residents reviewed.

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Findings included:

On , a review of Resident #1's chart revealed that Resident #1 was admitted to the facility on . A progress note dated revealed that Resident #1 was admitted to hospice.

On , a review of Resident #1's chart revealed a physician order dated that ordered a hospice evaluation for Resident #1.

On , a review of Resident #1's hospice form provided by the Hospice Registered Nurse (RN), which was dated , revealed that Resident #1 was assessed as having a located on his .

On , further review of Resident #1's chart revealed that there was no hospice interdisciplinary care plan for Resident #1.

In an interview on at 4:38 PM, the Director of Resident Services stated that the documents provided for Resident #1 were all the documents she had for him. The Director of Resident Services stated that she reviewed the facility's hospice binder and that there was no interdisciplinary care plan for Resident #1 in the binder. The Director of Resident Services confirmed that there was no hospice interdisciplinary care plan for Resident #1. No additional documents were provided.

Class III