STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**03/02/2017**
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

Complaint Investigation #2016014284 was conducted on , and . Solaris Senior Living at Merritt Island, License #8975, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that the Health Assessments (form 1823) for 3 of 6 sampled resident records were complete and accurate (#9, 10 & 11) .

Findings:

1. Resident #9's Health Assessment (1823), dated , did not indicate what type of assistance was required for medications. This section was left blank.

On at 3 PM, the administrator confirmed that this was blank and stated she was not aware the form was not complete.

2. Resident #10's Health Assessment (1823), dated , omitted information regarding treatment with nasal cannula. The resident's date of admission was .

On at 1:30 PM, resident #10 confirmed that she turns on her own treatment tank to 3 liters for continuous usage everyday.

On at 2 PM, the interim director of nursing and licensed practical nurse confirmed the finding and stated that resident #10 always had the treatment since being admitted into the facility.

3. Resident #11's Health Assessment (1823) was not dated. The last 1823 Health Assessment on file was completed on . The resident's date of admission was .

On at 2 PM, the administrator confirmed that resident #11's most current AHCA 1823 Form Health Assessment was not dated.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview, the facility failed to ensure that all over the counter (OTC) medications were properly labeled with the resident's name, and failed to ensure that OTC medications

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	03/02/2017
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)

were not used for multiple residents in the facility.

Findings:

On at 10 AM in the 2nd. floor medication storage , OTC medications were found on the counter, including " " with the word "Stock" written on the lid, 50 milligrams (mg.), , , 81 mg., , PM, C 500 mg. and an liquid.

On at 10:30 AM, the interim nursing director stated that he was aware that this was not allowed.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review and interview, the facility failed to ensure the staff member responsible for the facility's food service and the day-to-day supervision of food service staff had obtained the required annual minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings:

Review of the training record provided by the food service designee revealed a training certificate dated .

On at 11:30 AM, the food service staff designee stated she had not had any additional training since that time and was not aware it was required.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to ensure the menu used was reviewed and signed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist, failed to post a menu at least one week in advance that is accessible to residents, failed to follow the menu posted in the kitchen, failed to maintain 6 months of dated menus for review, and failed to maintain a substitution list for 6 months.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	03/02/2017
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)

1. Review of the menu posted on the wall in the facility kitchen revealed week 1 of a 3-week rotation. The food service designee showed the surveyor a 3-week rotation menu that was signed by a registered dietician. The menu was not dated indicate it had been reviewed by a registered dietician within the previous 12 months.

On at 11:30 AM, the food service designees stated that Week 1 was in use and displayed in the kitchen. When the designee looked at the menu, she said, "This is the wrong week. We are using Week 3." The menu was not dated to indicate when the dietician provided the menu. The designee stated that she did not have a copy of the menu with the date on it because the dietician took it with her.

2. During a tour of the facility and dining area, there was no weekly menu posted where residents could view it. There was a bulletin board with only the daily menu posted outside the dining .

On at 11:30 AM, the food service designee she confirmed they do not have a weekly menu posted, but they only post the daily menu. On at 12:10 PM, resident #9 stated the residents are not provided with a menu in advance. She was not aware of ever seeing a menu posted in the facility.

3. Observation of the lunch served on revealed that the food for the Week 1 (menu posted in the kitchen) was not served, but the food listed for the Week 3 menu was being prepared and served.

On at 11:30 AM, the food service designees stated Week 1 was in use and displayed in the kitchen. The posted menu was not dated. When the designee looked at the menu, she said, "That is the wrong week. We are using Week 3." The food service designee confirmed that the menu was not dated as to when each week of the cycle was to be served, and that they had posted the wrong week.

4. Review of the menu for the facility revealed a 3-week cycle rotation. The menu was not dated as to when each week was to be served. Menus for the previous 6 months, and a list of which weeks were served, were not available for review.

On at 11:30 AM, the food service designee stated she did not keep a record of when each week is to be served, or was served in the past 6 months. She confirmed that she did not have dated menus for review.

5. Review of the facility's dietary records did not reveal a substitution list for the previous 6 months.

On at 11:30 AM, the food service designee stated she did not have a list for substitutions, and she always serves the main entrees on the menu. She confirmed that she did sometimes change a side

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	03/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLARIS SENIOR LIVING AT MERRITT ISLAND	**535 CROCKETT BLVD. MERRITT ISLAND, FL 32953**

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

dish or dessert or make a change for a special occasion, but she did not know she needed to write those changes down.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on review of the census, Admission and Discharge Log review and interview, the facility did not maintain an accurate and up to date Log for 4 of 6 sampled residents (#2, 12, 13 & 14).

Findings:

Review of the census provided at 9:46 AM by the administrator revealed 76 residents in the facility. At 12 PM, a second version of the census was provided, listing 72 residents. At 1:02 PM, a third version of the census was provided with 75 residents listed.

Review of the Admission and Discharge log revealed 4 residents listed who were no longer residing at the facility.

Resident #2 was listed as a current resident on the census provided at 9 AM on . Upon entering the resident's interview her, the empty. All the furniture and belongings had been removed. At 10:35 AM on , the licensed practical nurse at the medication cart in the hallway outside the resident's , "she , , over the weekend." On at 10:40 AM, the administrator stated, "I know someone this past weekend, but I don't know who that was. I don't remember the name. I didn't know she was still on the census."

Observation in the facility kitchen of a white board with resident information revealed a list of 3 residents who were away from the facility in the hospital or on a leave. Residents #12 and #13 were listed. They were on the current census provided at 9 AM, but not on the 1:03 PM census. On at 2 PM, the administrator said residents #12 and #13 were discharged on , but the log had not yet been updated.

Review of the admission discharge log revealed resident #14 was admitted on . Resident #14 was not listed on any of the 3 versions of the census provided on the day of the investigation. On at 2:30 PM, the administrator said resident #14 was discharged a short while ago, but she wasn't sure of the date.

On at 3:30 PM, the administrator she confirmed that all 4 of the residents had been discharged,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**03/02/2017**
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)

but she had not updated the admission and discharge log to reflect the discharges.

Class