STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD HOPE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 NW 29TH COURT** **OAKLAND PARK, FL 33311**	

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

0000 - Initial Comments

An unannounced Limited Nursing services monitoring survey was conducted on at Good Hope Manor, License #8627 . The facility had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to obtain information and maintain a written record, of significant changes, and/or a medical condition and it's changes for 1 of 2 (Resident #1) resident records reviewed that resulted in provision of additional services.

The findings include:

During the entrance conference with the administrator, on at 1:00 pm, she stated that the facility had one resident (Resident #1) with a , that a local Hospice company was treating. She stated the resident was not receiving Limited Nursing Services (LNS) from the facility. She could not verbalize the stage of the . Documentation in regards to the and other required information for the survey was requested.

Record review on for Resident #1, failed to reveal any information regarding the to include stage, measurements, or type of . A facility progress note written by the facility nurse dated documents " on sacrum reopened. Hospice doing care." A progress note on documents, " on sacrum healing good." Review of Resident #1's Hospice folder revealed that on , a consult for , to was ordered. Visit Summary dated documents " to , healing." Visit Summary on documents, " care done to , tolerated well." Visit Summaries throughout 2017, document care was provided. There were no documentation from hospice found for , 2017. Hospice visit summary dated only refers to "Protective skin care in place".

During an interview with the Administrator on at 3:20 pm, the files were reviewed. She confirmed that the facility did not have any other documentation of file for Resident #1's , . She confirmed that the facility LNS nurse also did not have any written documentation of the type, staging, measurements or description of the on site. This was again confirmed in an interview at 3:30 pm with the LNS nurse who did not have any written documentation of the type, staging, measurements or any other required information the facility needs on file. The LNS was unable to state when the previous to healed.

Class III

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