STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969008	**06/16/2017**
NAME OF PROVIDER OR SUPPLIER **THE CABANA AT JENSEN DUNES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1537 NE CEDAR ST** **JENSEN BEACH, FL 34957**	

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

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2017003234, was conducted on , 2017 through , 2017 at The Cabana At Jensen Dunes (License #12879). The facility had deficiencies identified at time of survey.

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

Based on record review and interviews, the facility failed to monitor for continued appropriateness of residency in this assisted living facility (ALF) for 1 out of 3 sampled residents (Resident #2).

The findings included:

On at 11:00AM, the Regional Vice President stated during interview that she was not aware of any residents at the facility with pressure sores, and the Administrator would be able to identify if any residents had a pressure when she returned from vacation. She stated Staff A might be able to assist with identification of residents who received care for wounds. Staff A was interviewed at 11:30 AM and stated she did not know which resident, if any, had a pressure , but could identify which residents were receiving home health services and whether the services received were for skilled nursing or . At this time, Resident #2 was identified by this surveyor as possibly having a pressure . The LPN (licensed practical nurse) with the home health agency providing services to the resident was called at 12:00 PM and confirmed during interview that Resident #2 had a current pressure as of her last visit on . Staff A did not have access to the notes for services rendered by the agency on , indicating the stage of the .

On at 5:50 PM, the Administrator called this surveyor to discuss the findings from the visit to the facility on . She stated the resident did have a pressure in , 2017, and that the had improved. She stated she was unaware of the deterioration of the to a pressure on the resident's . She stated that she would have given the resident a 45 day notice of termination of residency had she know the pressure was a , as this would render the resident inappropriate for continued residency at an ALF. A notice of termination of residency had not been given to Resident #2 or the resident's representative. A timeline of the stages of the was requested from the Administrator at this time. Review of the timeline of the staging of Resident #2's pressure showed that the resident had a pressure identified by the home health agency on , and .

The most recent health assessment (AHCA Form 1823) dated , and signed by the resident's health care provider, showed the resident had no pressure sores. Review of the timeline of the

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resident's pressure indicated that the resident had a pressure since when home health agency services were started. A new health assessment had not been completed upon the resident's significant changes in condition after , and to accurately reflect the resident's current status.

Based on these findings, the facility failed to monitor Resident #2's pressure for continued appropriateness of residency in an ALF. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and interviews, the facility failed to notify the resident's representative of a significant change for 1 out of 3 sampled residents (Resident #2).

The findings included:

On at 12:00 PM, the LPN (licensed practical nurse) with a home health agency providing services to Resident #2 confirmed during interview that the resident had a current pressure as of her last visit on . On at 5:50 PM, the Administrator stated the resident did have a pressure in , 2017, and that the had improved. She stated she was unaware of the deterioration of the to a pressure on the resident's . A timeline of the stages of the was requested from the Administrator at this time. Review of the timeline of the staging of Resident #2's pressure showed that the resident had a pressure identified by the home health agency on , , and ; and a identified on , and . A "significant change" as defined in 58A-5.0131(32), F.A.C. includes a " , 3 or 4 pressure ".

Resident #2's representative was interviewed on at 9:30 AM, and stated that neither the facility or the home health agency had contacted her about the resident's pressure since admission. She had not been contacted related to the resident's significant change. The facility provided no additional documentation to show the resident's representative was notified of the significant change for review at the time of the survey.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review, the facility's policy and procedure for third party services failed to contain all

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required components, specifically the requirement for the third parties to coordinate with the facility regarding the resident's condition and the services provided to meet the resident's needs.

The findings included:

On , the facility's third party provider clause in the residency contract was reviewed. The clause labeled "Services From Third Parties" in the contract directs residents (or their representatives) to adhere to the "Facility's policy on Third Party Providers". However, there is no separate policy provided upon request from the Administrator. The portion of the contractual agreement for third party providers does not require the third parties to coordinate care and services with the facility. The policy and procedure for third party services must include the third party to coordinate with the facility regarding the resident's condition and the services provided to meet the resident's needs. This component could not be located in the contractual clause that the Administrator provided as the facility's policy and procedure for third party services.

Class