STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **OCEAN VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 S ATLANTIC AVENUE** **DAYTONA BEACH, FL 32118**	

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

0000 - Initial Comments

An Assisted Living Facility biennial survey with Limited Mental Health was conducted on .

Ocean View Manor (License #5675) had licensure deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on resident record review, elopement policy review and staff interview, the facility failed to assess 2 of 2 residents, Residents #1 and #12 for risk of elopement.

The findings include:

On at 9:57 a.m., the Acting Administrator (AA) stated that Resident #1 had eloped from the facility. An Adverse Incident was completed for Resident #1 for an elopement on .

The AA on at 10 a.m. was asked how the facility assesses residents for the risk of elopement. She stated that some of the Health Assessments (AHCA recommended Form 1823,) have this question on it. The Health Assessments (AHCA Form 1823, 2010) that do not include this question would have the risk identified under "Special Precautions". Elopement risk would be answered by the physician. The facility does not have it's own process of identifying the risk for elopement.

The current Health Assessment for Resident #1 dated was completed on the AHCA Form 1823, 2010. Under Special Precautions, a N/A was listed (not at risk for elopement).

Further review of the resident's record revealed he was admitted on 1// with diagnoses of , and , .
The resident record also revealed a history of elopement: One was on and one was on .

The AA on at 12:30 p.m. confirmed Resident #1's Health Assessment did not indicate he was at risk for elopement.

The Facility's Elopement Policy was reviewed. Under Resident Elopement Prevention Policy, it described doing elopement drills twice annually. It did not include assessing residents for elopement risk.

The facility had submitted an Adverse Incident report dated for Resident #12. The Report

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revealed on this day he did not show up for his 8 p.m. medications. Resident #12 returned on at 4 a.m. He told the facility that he slept at the coalition because he was not feeling well.

The current Health Assessment (AHCA recommended Form 1823,) for Resident #12 was checked "No", not an elopement risk. This was completed on , several months after his elopement.

On at 1:00 p.m., the AA confirmed that Resident #12's Health Assessment did not reveal he was at risk for elopement.

Class III

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

Based on observation and staff interview, the facility failed to have the current menu posted in a conspicuous place and failed to have an appropriate 3 day emergency food supply .

The findings include:

On at 9:10 a.m., the emergency food supply was reviewed with Employee A. There was six large cans of cream of , . The cans had an expiration date of , 2017. There were numerous boxes of corn flakes (cereal) but no powdered milk or other non perishable milk product seen. There were 6 - 50 ounce cans of chicken with no expiration dates on them. There were also cans of tuna with no expiration dates on them. There was a case of ready to eat pudding with a "best use by date" of , , 2017. Employee A stated they do not have a list of food items required in the emergency food supply. She did not know when the food would expire if there was no date on the cans. She confirmed the cream of , had expired. She stated that she would not use the pudding.

On at 9:12 a.m., there was a 7 day food menu observed in the hallway between the kitchen and dining . Employee A on at 9:12 a.m. stated that the posted menu in the hallway was not the current one. She stated the current one was located in the kitchen which was not accessible to the residents.

On at 11:45 a.m., the 3 day emergency food supply was reviewed with the Kitchen Manager, Employee B. She does not know when food expires if the date was not on them. She confirmed that many of the cans did not have an expiration date on them. She has only been doing this job for about a

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month. She does not have a list of food items and quantity for the emergency food supply. She confirmed there was no milk in the emergency food supply.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on facility record review and staff interview the facility failed to maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents currently or previously residing in their facility.

The findings include:

On a review was completed of the facilities admission and discharge log, the names and discharges were recorded, however, it was not documented if the residents were a limited mental health (LMH) resident or not.

On at 9:22 AM Interview was completed with Interim Administrator and she stated, "We only have a regular list, and it does not indicate that they are LMH." The Interim Administrator "All of our residents are LMH, so we do not put it on there, but if we were to ever receive someone who was not LMH, then we would indicate that on the log."

Class III