STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	**06/28/2017**
NAME OF PROVIDER OR SUPPLIER **FLORIDA SHORES ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1229 MANGO TREE DRIVE** **EDGEWATER, FL 32132**	

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

0000 - Initial Comments

On an Limited Nursing Service Monitoring Visit was conducted at Florida Shores Assisted Living Facility (License #8229). Deficient practice was identified at the time of survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record reviews and staff interviews the facility failed to have a physician orders for side rails for Resident #1 out of 3 residents sampled.

The findings include:

An observation was conducted on at 1:15 PM of Resident #1 lying in a hospital bed with full rails noted to the sides of the bed.

A record review for Resident #1 reveals no physician order for side rails for this resident.

An interview with the Administrator on at 2:37 PM confirmed there was no physician orders for side rails for Resident #1.

Class III