STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965225	R 07/25/2017
NAME OF PROVIDER OR SUPPLIER **GOLDEN POND COMMUNITIES**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 LAKEVIEW ROAD** **WINTER GARDEN, FL 34787**	

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

0000 - Initial Comments

A revisit to complaint investigation #20150013342 was conducted on and . In addition, revisits to a 6-month licensure survey and complaint investigations #2016000369, #2015009103, #2015007905 and A Change of Ownership including Limited Nursing Services were conducted on the same dates. Golden Pond Communities Assisted Living Facility, License #9626, had a deficiency related to the revisit to #20150013342 at the time of the visit.

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

Based on observations, record reviews, and interviews, the facility failed to notify a health care provider when 1 of 1 residents (#5) no longer received home health for care and failed to provide treatment to the , and failed to notify a health care provider when 2 of 6 residents (#3 and #4) did not receive their medications.

Findings:

1. Observations made of resident #5 on at 11:25 am revealed that she wore open toed sandals. Both of her feet were and she had a growth on her right second toe, located between the second and great toes. Dried was present between the toes. There was no dressing present to the area. Resident #5 was questioned about the area but she did not respond.

Record review for resident #5 revealed she was admitted to the facility on .

A nursing progress noted that was dated on at 8 pm indicated that her right second toe had a callus shaved off by a podiatrist several months prior and the toe appeared to be .

A health care provider order that was dated on indicated that her right second toe looked and a request was made for ointment and home health for care.

A health care provider order that was dated on indicated that ointment was to be applied to her right second toe, stat.

A podiatry progress note that was dated on indicated that she had a stable but non-healing to her right second toe. The was macerated and there was no evidence of an . The had improved from 4 millimeters (mm) to 3 mm diameter.

A health care provider order that was dated on indicated that she went to a podiatrist and

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returned with a diagnosis of an to her right second toe. The was to be cleaned daily with soap and water, a solution was to be applied, and it was to be covered with a -Aid. A cotton ball was to be placed in the space between the second and great toes. Home health was to evaluate and treat the .

Review of the home health notes revealed that resident #5 was admitted to home health services on with a primary diagnoses of a right second toe open .

A nursing progress note that was dated on at 2 pm indicated that the home health agency called the facility and said they would discharge resident #5 from their services after one more visit because resident #5 was too combative with the home health nurses. The note indicated that the face sheet and insurance information for resident #5 was faxed to a podiatrist and the facility would be notified if the podiatrist accepted her insurance.

The record of resident #5 contained no evidence to indicate the facility notified a health care provider when she was discharged from home health so a determination could be made for continued care.

A podiatry progress note that was dated on indicated that resident #5 had a recurrent to her right second toe. There continued to be subdermal that resulted in a stable but non-healing . There was no evidence of and the was macerated.

A nursing progress note that was dated on at 7:35 pm indicated that resident #5 continued to take off her shoes due to pain in her right foot. Her right foot was cleansed and a bandage was applied. Socks were applied to her feet. The note indicated that the nurse would continue to monitor.

The record of resident #5 contained no evidence to indicate the facility provided care and treatment to the after she was discharged from home health until , when a nurse cleansed the area.

Observations made on at 10 am revealed the Director of Nursing (DON) cleansed between the right second and great toes of resident #5 to remove the dried . The medial side of her right second toe contained a -sized growth. There was an below the growth. The skin surrounding the was white in color and macerated.

On at 2 pm, the DON confirmed the findings.

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2. Record review for resident #4 revealed a health assessment form 1823 that was dated on . The form indicated that she had a diagnosis of , chronic pain, and . She required assistance with self-administration of her medications.

Review of the 2017 Medication Observation Record (MOR) for resident #4 revealed entries for 1% cream apply , to affected area once daily, Salonpas apply one patch , to painful area twice a week, 220 milligrams take one tablet by mouth once daily, - milligrams (mg) take one tablet by mouth four times daily and 8.6 mg take one tablet by mouth twice daily.

On , the scheduled doses for the , Salonpas, and the were initialed and circled. The back of the MOR indicated that the medications were not given and the facility was waiting on the medications.

On , all four scheduled doses of the were initialed and circled. The back of the MOR indicated that the medication was not given and the facility was waiting on the medication.

On , , , and , the scheduled doses for the were initialed and circled. The back of the MOR indicated that the medication was not given and the facility was waiting on the medication.

The record for resident #4 revealed no evidence to indicate that a health care provider was notified when she was not given her medications.

3. Resident record review for resident #3 revealed a health assessment report 1823 dated that listed diagnoses of , , , , , gait abnormality and assistance was needed with self-administration of medications.

The 2017 Medication Observation Record (MOR) listed:

600 plus D- one daily and had staff initials circled (indication the medication was not given) on , , , and from to . The back page of MOR indicated not available , and , , and -not given -waiting for medication.

, 20 mg daily and had staff initials circled from to 6/ . The back page of the MOR indicated , 20 mg -not given - waiting on medication on 6/2, 6/3, 6/4/ .

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There was no evidence of notification to the healthcare provider or that the resident's responsible party were notified about the resident missed medication(s) dosages and that either a refill or a prescription was needed.

The facility nurse stated on at 1 PM that she was not made aware the resident needed a refill for . There was a problem with the previous pharmacy so the facility changed pharmacies and no longer have problems. The new pharmacy delivers as needed/quickly. The staff just marked the meds were not available and did not tell the nurse.

Class III