STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965625	**08/04/2017**
NAME OF PROVIDER OR SUPPLIER **ACTIVE SENIOR LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9057 NW 57TH STREET** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring visit was conducted on at Active Senior Living Residence, Assisted Living Facility, License #9969. The facility had a deficiency identified at the time of the visit.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on observation, interview and record review the facility failed to initiate Limited Nursing Services (LNS) for 1 of 7 residents reviewed for LNS, (Resident #1). As evidenced by the faiclity failing to assess Resident #1 for the use of a heating , .

The findings included:

On at 10:30 AM the facility Limited Nursing Services (LNS) Log was reviewed to reveal Resident #1 was included for the monitoring and assessment for the use of .

On at 11:38 AM Resident #1's living quarters were observed. Resident #1 was not present at the time. The concentrator was observed next to the resident's bed. Additionally, sitting on top of the resident's bed was a blue heating , plugged into the wall.

On at 12:05 PM an interview was conducted with Resident #1 in the dining . An inquiry was made how often she uses the to which she stated she sometimes uses it at night. An inquiry was made if the nurse monitors the use of the to which she replied the nurse checks on her frequently. Additionally, the resident stated she about 2 months ago and has pain to her right hip area. An inquiry was made how she manages the pain to which she stated she uses a heating , . An inquiry was made how often she uses the heating , to which she replied almost every night. A further inquiry was made how long she keeps the heating , on to which she replied sometimes it is on all night however she keeps it on low heat. Resident #1 was advised that keeping a heating , on her skin for extended periods can cause to which she stated she has brown marks on her upper thighs, stating she believes it is from the heating , .

On at 2:20 PM an additional interview was conducted with Resident #1 and her spouse in their . The heating , was again observed sitting on her bed plugged in. An inquiry was made how long she has had the heating , to which she replied she has had it for a couple of years and brought it from their previous home. A further inquiry was made if the heating , had an automatic shut off to which she replied "No, it has to be turned off". A request was made to observe her upper thighs. Resident #1 consented to the request and with the assistance of her spouse, her upper thighs were

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observed to have brown blotches on the left and right upper thigh area. An inquiry was made to Resident #1 if that is how her skin normally looks to which she stated "No this is from the heating , ". A further inquiry was made when the last time she used the heating , to which she stated she used it last night. Resident #1 proceeded to demonstrate how she places the heating , between her thighs, not directly on the skin, stating she does not put the heating , directly on the skin and the radiant heat from the , helps with the pain. An inquiry was made if she ever asleep with it on and she stated she sometimes does and that is how it ends up on her thighs.

Review of Resident #1's record revealed a Physical , Prescription dated for a , treatment modality of 'moist heat/ice' with a frequency of 2-3 times per week for 6 weeks. Resident #1 is currently not receiving any , services and has not been receiving any , services since 2017.

Further review of Resident #1's record revealed no physician order for LNS for the application of heat to her right hip.

Review of the LNS Log revealed Resident #1 was being assessed for the use of , with no documentation of the assessment or monitoring of the application of a heating , .

Review of the Resident Observation Log revealed no documentation related to the use of a heating , .

On at 3:08 PM an interview was conducted with the facility Regional Director and designated alternate LNS Supervisor advising them Resident #1 is frequently using a heating , on her right hip and admitted she sometimes asleep with it still on. They were advised Resident #1's upper thighs were observed to have brown blotches on them. Additionally they were advised the heating , was observed sitting on top of the resident's bed. The Regional Director and alternate LNS Supervisor confirmed they were not aware Resident #1 was using a heating , and stated they will address it with the resident's physician and could not speak to why the heating , was not observed sitting on top of the resident's bed.

On at 3:40 PM during the exit interview, the Regional Director and alternate LNS Supervisor stated they will contact the resident's physician to get an order and parameters for the use of a heating , . The alternate LNS Supervisor stated she will do a full assessment of Resident #1 and will include the application of heat for Resident #1 on the LNS Log. The Regional Director stated they will look at it right away and possibly just buy the resident a heating , that automatically turns off after a certain amount of time.

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Class III