STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968310	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT IVY RIDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7179 4OTH AVE N** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

On , a complaint investigation, (CCR# 2017008813), was completed in conjunction with a biennial re-licensure survey with limited nursing services (LNS) at Inspired Living at Ivy Ridge. Deficient practice was identified at the time of the visit.

(License # 12224)

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

Based on record review and interview, the facility did not ensure that care and services appropriate to the needs of the resident in relation to weight loss were provided and that the resident's physician and appropriate representative were contacted when the resident exhibited a significant change for one (Resident #16) of three residents reviewed.

Findings included:

On a review of Resident #16's medical chart revealed that Resident #16 had a significant weight loss at the facility. On , Resident #16 was 156.6 pounds. On , Resident #16 was 142.8 pounds. On , Resident #16 was 132 pounds. On , resident #16 was 129 pounds. Resident #16 lost 13.8 pounds in approximately 2 months and lost 27.6 pounds over approximately 9 months. A review of Resident #16's chart revealed no documentation that Resident #16 was intentionally trying to lose weight. Resident #16's chart did not contain any documentation that this weight loss was treated or recognized by the facility. There was no documentation in Resident #16's chart showing that the resident's physician was notified of the weight loss. There was no documentation in Resident #16's chart showing that the resident's responsible party was notified of the weight loss.

On at 2:51 PM, the Health and Wellness Director (HWD) stated that the facility policy was to contact the resident's physician for a weight loss of 5% or 5 pounds in a 30-day period.

On at 3:47 PM, the HWD reviewed Resident #16's chart and confirmed that there was no evidence that Resident #16's weight loss was addressed by the facility. The HWD confirmed that there

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was no evidence that Resident #16's physician or responsible part was notified of the weight loss.

Class III