STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	R 09/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT MELBOURNE	**3260 N HARBOR CITY BLVD MELBOURNE, FL 32935**

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

0000 - Initial Comments

A revisit to a complaint investigation (s) #2017003871 was conducted in conjunction with new complaint investigation #2017006353 on .

Discovery Village at Melbourne, license #12122, had deficiencies related to #2017003871 at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation, record review and interview, the facility failed to prohibit the use of for 1 of 6 sampled residents (#6) and placed the resident in a Merriwalker the resident was not able to get in or out of without assistance.

Findings:

Observation during the tour at 10: 40 AM on , Resident #6, was seen dressed and sitting in a merriwalker in the common the memory care unit. She was staring up toward her left. She did not respond to greetings by staff.

Observation of resident #6 at 12:25 PM found the resident seated in the merriwalker in the dining fed her lunch by an aide. She was sitting and again staring up toward her left.

At 2:30 PM, the resident was observed getting up after a nap, standing up at her bedside, and attempting to walk out of the . The aides were there helping her into the merriwalker. The resident was , to commands. She was not able to speak to answer questions or directions. Staff #D & #E guided her into the walker and closed the . The resident continued to walk around the unit, and continued to look up toward her left without expression.

Review of the resident record revealed a health assessment dated that documented diagnoses of and . Additional needs/precautions noted included hospice care, risk and . The form indicated she needed assistance with all Activities of Daily Living. The record included a telephone order dated and signed by the resident's physician on stating "resident to use merriwalker for safety while awake."

In an interview with Staff #C, Assistant Director of Health and Wellness at 10:40 AM on , the

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resident was unable to get in or out of the by herself.

In an interview with the administrator on at 10:45 AM, he stated after repeated episodes, hospice provided the walker for the resident at the recommendation of the resident's son, a physician.

In an interview with resident care aides, Staff #D & #E, on at 2:30 PM, they both stated that resident #6 needed the walker to prevent her from falling. They confirmed that the resident is unable to get in and out of the device on her own.

Review of the Florida Statutes revealed per 429.41 (8) (k) F. S., the use of is limited to half bed rails as prescribed and documented by the resident's physician with the consent of the resident or, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical .

Resident #6 was not able to get in or out of the merriwalker without assistance and did not make a personal decision to use the device.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on resident record review Medication Observation Record (MOR) review and interview, the facility failed to maintain an accurate and updated MOR for 2 of 4 sampled residents (#3 & #5)

Findings:

1. Review of the record for resident #3 revealed a Health Assessment dated , which indicated to seafood, scallops and statins. Review of the 2017 MOR for resident #3 revealed scallops as the only documented on the MOR. The to statins was not included on the MOR.

Review of the record for resident #5 revealed Health Assessments dated and , which both documented to , novacaine, , tomato soup and cheeses. Review of her MOR for 2017 revealed to , and were printed on the MOR and was handwritten on the MOR, but did not include the to novacaine or .

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview at 12:10 PM on [redacted], the Director of Health & Wellness stated the facility provided the [redacted] information to the pharmacy and the pharmacy then printed it on the MORs each month. She could not explain why not all of the [redacted] for the above residents were listed on the MOR.

Class III