STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968677	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME II, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2257 EDGEWATER DRIVE** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017007644, was conducted on and 26th, 2017 at Amazing Grace Assisted Living Home II, License #12540. The facility had a deficiency identified at the time of the investigation.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to ensure one and fifteen day Adverse Incident Reports were completed for 1 out of 3 sampled residents (Resident #1).

The findings included:

On at 8:00 AM, the facility's Observation Log notes that Resident #1 was observed by Staff A trying to get out of bed and that the resident was "resting shoulder on bedrail". The notes indicate the resident "denied pain" and that "no redness was noted on shoulder". On at 12:19 PM, the notes show that the hospice nurse reports "redness noted on resident's shoulder". The resident "denied pain" and "denied knowing what happened to shoulder".

Review of the resident's hospice notes from the RN (Registered Nurse) dated documents that the resident is "in discomfort from a on Tuesday evening area on left shoulder". On , the hospice notes show that the Administrator reports there had "been no when patient was trying to get out of bed".

Resident #1's health assessment (AHCA Form 1823) dated lists Parkinson's and of as her diagnoses. The assessment documents under Congnitive or Behavioral Status that the resident is "alert and oriented to person. ". The resident's file contained a health care provider's order dated for an "xray of left shoulder. Ice pack for 15 minutes 4 times today." The left shoulder xray report dated shows the history for this resident as "status post (s/p) , rule out (r/o) Fx ( )", with a sustained "nondisplaced of the ".

During interview with the Administrator on at 1:30 PM, she stated an Adverse Incident Report (one or fifteen day) had not been completed for the resident's injury of unknown origin. There was no incident report completed to show the facility's investigation, including interviews with staff, a detailed description of the injury, and to determine the cause of the injury with interventions to prevent reoccurence. The Administrator stated during interview at this time that she does not know what caused the resident's left shoulder injury.

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SUMMARY STATEMENT OF DEFICIENCIES
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The facility failed to file an Adverse Incident Report (one and 15 day) with the Agency for the sustained from unknown origin, and that was not a result of the resident's condition. The facility provided no additional documentation for review at this time.

Class III