STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	11/07/2017
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , 2017. Zon Beachside LLC, license #12873, had deficiencies at the time of the visit.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 2 unlicensed staff (B) who provided assistance with the resident's medications, received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF.)

Findings:

Personnel record review for staff B, an unlicensed caregiver who assisted residents with their medications, revealed a 6-hour initial training on .

The record did not contain documented evidence to indicate staff B received the annual 2 hours of continuing education in 2017, as required.

On at 3 pm, the director of community relations confirmed the finding.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 direct care staff (D) received level 1 training within three months of employment and level 2 training within nine months of employment and failed to ensure 1 of 4 direct care staff (B) received 4 hours of and Related (ADRD) continuing education annually.

Findings:

Personnel record review for staff D revealed a hire date of . The record did not contain documented evidence to indicate staff D received level 1 and level 2 training, as required.

Personnel record review for staff B revealed a certificate of completion for 4 hours of ADRD continuing education dated on . The record did not contain documented evidence to indicate staff B received 4 hours of ADRD continuing education in 2017, as required.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 3 pm, the director of community relations confirmed the findings.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record reviews and interviews, the facility failed to ensure the service plan was followed for 2 of 2 sampled residents (#1 and #2) who received Extended Congregate Care (ECC) services.

Findings:

On at 12 pm, the director of resident services identified residents #1 and #2 and said they both received ECC services for a .

A service plan dated on for resident #1 indicated a Certified Nursing Assistant (CNA) was to empty her bag every shift and record the amount.

A service plan dated on for resident #2 indicated a CNA was to empty her bag every shift and record the amount.

Record reviews for residents #1 and #2 revealed the amount emptied from the bags was not recorded every shift, as indicated on the service plans.

An opportunity was provided to the director of resident services to provide additional documentation.

On at 2:15 pm, the director of resident services confirmed the findings and said there was no documentation to reflect the recordings of the output every shift.

Class III

E208 - ECC - Records - 58A-5.030(9) FAC

Based on record reviews and interview, the facility failed to maintain adequate nursing progress notes for 2 of 2 sampled residents (#1 and #2) who received Extended Congregate Care (ECC) nursing services.

Findings:

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	AL11969028	**11/07/2017**
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

On at 12 pm, the director of resident services identified residents #1 and #2 and said they both received ECC services for a .

On at 1:55 pm, the director of resident services said each shift a facility nurse assessed the and output of both residents #1 and #2. The records for residents #1 and #2 did not contain nursing progress notes to reflect the services provided by the nurse.

The director of resident services provided a medication record for residents #1 and #2. Each record contained an entry for care and each day contained the letter G in the box. The legend on the record indicated the letter G meant "given."

On at 2 pm, the director of resident services said the medication record with the documentation of "given" represented the nursing progress notes for residents #1 and #2.

However, the documentation on the medication record did not contain the type, scope, amount, duration, and outcome of services that were rendered, the general status of the resident's health, and the signature and credential initials of the person rendering the service, as required.

Class III