STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	11/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACADEMY ASSISTED LIVING FACILITY, INC	**1225 SOLTMAN AVENUE FORT PIERCE, FL 34950**

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

0000 - Initial Comments

Unannounced licensure complaint surveys, CCR#2017009249 and CCR#2017011210, were conducted on and 9th, 2017 at Academy Assisted Living Facility, Inc., License #7824. The facility had deficiencies identified at the time of the investigation.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to determine the appropriateness of admission of an individual to the facility and the continued appropriateness of residence of an individual in the facility for 1 out of 3 sampled residents (Resident #2).

The findings included:

On , Resident #2's health assessment (AHCA Form 1823) dated was reviewed. The form, signed by the resident's health care provider, did not indicate whether or not the resident had any pressure sores (Section 1, Item C. 3. on the form). The inquiry of a , 3 or 4 pressure was blank.

On at 9:30 AM, Resident #2's representative stated during interview that the resident has had a pressure on his heel since before admission to this assisted living facility (ALF), and that she had not been contacted about the pressure by the Administrator or the home health agency (HHA) treating the .

On at 10:00 AM, the HHA licensed practical nurse (LPN) treating the pressure stated during interview that she thought the current status of the pressure on the resident's right heel was a " (3)". Subsequently, HHA records were reviewed and showed the on his heel was present as a (2) upon admission to the ALF on , with an onset date of . The last care note dated showed a decrease in the size of the , remaining at a (2).

A determination of continued approriateness for ALF residency shall be based upon an assessment of the strengths, needs, and preferences of the resident, and the care and services offered or arranged for by the facility as documented on the health assessment (AHCA Form 1823).

The facility failed to ensure the health assessment was completed and accurate to reflect the resident's status of a pressure , as well as the nursing treatment provided in coordination with the ALF staff interventions to prevent worsening of the resident's (2) pressure . The facility provided no

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SUMMARY STATEMENT OF DEFICIENCIES
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additional documentation for review at this time.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and an interview, the facility failed to conduct a minimum of two resident elopement prevention and response drills per year.

The findings included:

On at 12:00 PM, the Assistant Administrator was interviewed and asked for the facility's documentation of their elopement drills. Review of the documented drills revealed one (1) drill conducted on and one (1) drill conducted on . There was no documentation showing a minimum of two (2) drills completed each year. Additionally, there was no documentation showing the Administrator and Staff A and B had participated in either of the drills conducted in 2016 and 2017.

All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility ' s resident elopement policies and procedures.

The facility failed to conduct a minimum of two (2) resident elopement prevention and response drills per year, and ensure all administrators and direct care staff participated in the drills. The facility provided no additional documentation for review at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provides direct care to residents had received the required in-service training within 30 days of employment .

The findings included:

Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on .

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

1. Residents' Rights (part of 1 hour required)
2. Incident Reporting (part of 1 hour required)
3. The facility's Elopement Policy and Procedure

The Assistant Administrator was interviewed at 11:00 AM on . . . . . and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for Staff B at this time.

Class III