STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911749	**12/15/2017**
NAME OF PROVIDER OR SUPPLIER **PRESERVE AT PALM AIRE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3701 MCNAB ROAD** **POMPANO BEACH, FL 33069**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring survey was conducted on at Preserve at Palm Aire (the), an Assisted Living facility, License #7693. The facility had a deficiency at the time of the visit.

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Based on observation, interview and record review, the facility failed to ensure the appropriate assessment and monitoring of residents using was conducted, for 1 of 2 residents identified as using , Resident #1. As evidenced of the facility failing to assess and monitor the use of for Resident #1.

The findings included:

On at approximately 11:05 AM a request was made to the Director of Nurses (DON) to provide a list of residents receiving Limited Nursing Services (LNS). The DON stated they currently do not have any residents on LNS. A request was then made to provide a list of residents who are on . The DON identified 2 residents using to include Resident #1 and Resident #2, further stating Resident #2's is being monitored by hospice services and Resident #1's is being monitored by a third party vendor, which the DON identified as being a home health agency.

During a facility tour on at 11:10 AM, accompanied by the DON and Director of the Memory Care unit, an attempt was made to observe Resident #1, identified as being on continuous , in her , however Resident #1 was sleeping at the time and was not disturbed.

During ongoing observations on at 12:25 PM accompanied by the Director of the Memory Care unit, a second attempt was made to observe Resident #1's . Resident #1 was not present in her per the Director of the Memory Care unit, stated the resident is in the dining lunch. Observation of Resident #1's 5 small canisters and one large canister unsecured and freestanding on the floor. The Director of the Memory Care unit was advised at this time, the 6 unsecured canisters pose a potential safety issue and needed to be secured to prevent the canisters being potential projectiles if accidentally knocked over. A request was made to the Director of the Memory Care unit to provide the name of the home health agency that is monitoring and assessing Resident #1's use of .

On at 12:30 PM an interview was conducted with Resident #1 in the dining . Resident #1 was observed to be using continuous via a portable machine. Resident #1 stated during

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the interview she requires ,,, continuously and cannot breath without it. Resident #1 was observed to have an increase in breathing effort when speaking and had to catch her breath after speaking a few words. An inquiry was made who is assessing or monitoring her use of ,,, , to which she replied, her daughter looks after it. An inquiry was made how often her daughter visits to which she replied one to two times a month.

On at 12:35 PM, the Director of the Memory Care unit, after reviewing Resident #1's record, stated Resident #1 is not receiving home health agency services. A further inquiry was made to the Director of the Memory Care unit, who was monitoring or assessing Resident #1's ,,, use, to which she stated she is in charge of the Memory Care unit and has no knowledge about the residents on this unit, however the DON has already indicated there are no residents on LNS.

Review of the facility LNS policy revealed LNS to include the use of ,,, .

On at 12:45 PM, the DON was apprised of the issue with Resident #1 having unsecured ,,, tanks in her no evidence of any monitoring or assessment of the use of ,,, for Resident #1. The DON stated they will address this immediately.

Class III