STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 S.E. CENTRAL PARKWAY STUART, FL 34994**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on - at Solaris Senior Living Stuart, License # 8963. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interviews, the facility failed to ensure that a resident who had a significant change in condition requiring had a new assessment in which the results are documented on a new Health Assessment form (AHCA 1823 form) , for 1 of 2 sampled residents (Resident #4) .

Findings include:

The surveyor requested from the Director of Nursing a list of residents who were receiving and/ or were on Limited Nursing Services. The list included resident # 4. Observations of Resident # 4 on at 09:30 AM, confirmed that the resident was on 24 hours a day. The resident stated she had gone to the hospital in 2016 and when she returned she was placed on continuous . Review of the record for Resident # 4 revealed that the AHCA 1823 form dated did not document any conditions or the diagnostic need for . There was a second undated AHCA 1823 form reveals that the resident had chronic distress and chronic . There was no documentation that the resident required on the 1823 assessment. The assessment was noted to be undated. Review of the physician orders reveals that Resident # 4 was placed on limited nursing services for the use of on .

An interview was conducted with the Director of Nursing (DON) on at 12:12 PM. She was asked if there was another AHCA 1823 form documenting the need for . The DON confirmed that the resident probably went on back in 2016. However the undated 1823 form did not reflect the change in her condition. She confirmed that a new assessment should have been done after the resident was placed on continuous in 2016 and that she should have been placed on LNS services at that time. She could not explain why the resident was not placed on LNS services until , when the resident starting using continuous in 2016.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review it was determined the facility failed to ensure each staff member had evidence of a negative examination on an annual basis for 3 of 4 sampled staff (Staff A;

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	12/20/2017
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 S.E. CENTRAL PARKWAY STUART, FL 34994**	

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

Staff B; and Staff C).

The findings include:

During interview and personnel record review conducted with the BOM/HR Director (Business Office Manager/Human Resources Director), on beginning at approximately 10:45 AM, she was provided the opportunity to locate evidence of a negative examination on an annual basis for the following staff and was unable to to do:

a) Staff A: original date of hire noted as ; no 2017 annual documentation was located; last annual documentation was noted as .

b) Staff B: original date of hire noted as ; no 2016 annual documentation was located

c) Staff C: original date of hire noted as ; no 2017 annual documentation was located; last annual documentation was noted as .

The BOM/HR Director confirmed the required documentation was not on file for these staff members. She stated she had been informed freedom from only had to be documented every 5 years.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, interview, and record review it was determined the facility failed to ensure each person subject to screening must be registered with the clearinghouse and maintain the employment status of all employees with the clearinghouse with any changes in status being reported within 10 business days for 2 of 6 sampled staff (Staff G & Staff H).

The findings include:

During interview and personnel record review conducted with the BOM/HR Director (Business Office Manager/Human Resources Director), on beginning at approximately 10:45 AM, she was provided the opportunity to locate the following staff members on the clearinghouse roster and was unable to do so:

a) Staff G: original date of hire noted as

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	**12/20/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING STUART**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 S.E. CENTRAL PARKWAY STUART, FL 34994**	

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

b) Staff H: original date of hire noted as

The BOM/HR Director acknowledged that both of the above noted staff work for the Skilled Nursing Facility as well and are on their clearinghouse roster. However, she acknowledged she was not aware since they worked in both buildings they needed to be on both clearinghouse rosters.

Unclassified