STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	01/04/2018
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

0000 - Initial Comments

Complaint investigation #2017011902 was conducted on . Cornerstone Longwood Leasing, LLC, license #5315, had deficiencies at the time of the investigation.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to protect a resident's right to privacy and personal dignity and displayed protected health information by posting a sign about her care on the wall in her to anyone, for 1 of 4 sampled residents (#1).

Findings:

Observations during the tour of the memory care unit on revealed a handwritten paper signed taped to the wall near the head of the bed for resident #1 in A which stated her name and "Pls keep her off the right side- pressure right hip." The resident was not in bed at the time, but was observed sitting in a wheel chair in the common area participating in a game of ball toss with the other residents.

Review of the record for resident #1 revealed she was admitted on . The current Health Assessment (form 1823) was dated and included diagnoses of , , and . Nursing requirements listed hospice care. No were noted on the 1823. A progress note from her primary care physician dated documented "continue supportive care with hospice."

Review of the hospice records for resident #1 revealed she was admitted to hospice care on . Notes from continued care document a on her right hip on . Further review of the hospice documentation revealed discharge from hospice on and no evidence of a at that time.

In an interview with Staff C, a licensed practical nurse on at 3:10 PM, she said resident #1 did not have a . She stated she thought the sign was placed by hospice before she began working at the facility. She did not explain why the sign was never removed to a private location or why the sign remained 8 months after discharge from hospice.

In an interview with the administrator on at 3:30 PM, she said she was not aware the sign was posted. She confirmed that it should not be in a place where visitors or others could view it. She confirmed resident #1 was no longer receiving hospice care and no longer had a . She

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

was unable to explain why the sign remained on the wall 8 months after discharge from hospice.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 staff reviewed (C) had completed Level II training for 's and Related (ADRD).

Findings:

Personnel Record review for Staff C, an LPN hired revealed documentation of a certificate for 4 hours Level I training for 's and Related dated . There was no certificate to document Level II training within 9 months of hire.

In an interview with Staff C on at 4:00 PM, she stated she thought she took the class but had not provided the certificate to the administrator.

On at 4:30 PM, the administrator confirmed she did not have proof of the training.

Class III