| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911836 | R<br>01/22/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **DEERFOOT MANOR ALF** | **374 DEERFOOT ROAD**<br>**DELAND, FL 32720** |

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

**0000 - Initial Comments**

A follow-up to the biennial survey was conducted on , 2018 at Deerfoot Manor (Lic # 4744). Deficient practice was found at the time of the visit.

**0076 - ( ) - 58A-5.0186 FAC**

Based on record review and interview, the facility failed to ensure resident choices for code status would be honored, evidenced by the development of a Policy and Procedure that mandates the use of ( ), that has the potential to effects all residents of the facility.

The findings included:

On , a review of the facility's policy and procedure for ( ) stated the following information: "It is our practice that employees and caregivers will perform First Aid and ( ) until Paramedics/ (emergency staff) arrives regardless of on file." Photographic evidence obtained.

Review of records showed that Resident #7 had a signed by her physician on , however there was a signed policy in her record that the facility would perform on her, regardless of code status.

An interview was conducted with the Administrator at 10:15 AM on . The Administrator confirmed the facility's policy is to administer to everyone until paramedics arrive.

Class III