STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	R **01/25/2018**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

A revisit to a re-licensure survey with Limited Nursing Service (LNS) was conducted on , , 2018. Solaris Senior Living at Merritt Island, license #8975, had a deficiency at the time of the revisit.

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record reviews and interviews, the facility failed to ensure nursing progress notes were maintained for a resident (#16) who received a Limited Nursing Service (LNS.)

Findings:

On at 12 pm, the director of nursing identified resident #16 and said she received LNS for a , to her left arm and brace to her left leg.

Review of the record for resident #16 revealed a health care provider order, dated on , for a left arm and left leg , to be applied every morning and removed every night at bedtime.

Review of the LNS nursing progress notes for resident #16 revealed there was no progress note written on and .

On at 1:45 pm, the director of nursing confirmed the findings.

Class