| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967703** | **01/29/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENCE AT PADDOCK II (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13988 PADDOCK DRIVE**<br>**WELLINGTON, FL 33414** | |

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

**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on at Residence at Paddock II, License #11717. There were deficiencies found during the time of the survey.

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on record review, interview, and observation, the facility failed to ensure a new Agency for Health Care Administration Health assessment (AHCA Form 1823) was obtained upon a significant change in health status, and reflective of residents current abilities and care needs, for 1 of 2 sampled residents (Resident#1).

The Findings Included:

Resident record review was conducted for Resident#1, which revealed an admission date of . On a updated AHCA Form 1823 was completed and documented the diagnosis as: , , , , and , . The resident has physical limitation with walking, and . The resident is bedridden and receiving Hospice services as of . No documentation of noted. Further review of Resident#1's file documented a pressure with an onset date of . Hospice has been providing and documenting care. Further review revealed the resident is documented as a risk who wanders at times. The resident receives a regular pureed diet and she requires assistance with self- administration of medication.

During observation of Resident#1 on at 5:00PM revealed the Resident#1 is bedridden and unable to perform any Activities of Daily Living, and requires turning every 2 hours. At 4:10PM, a medication pass was observed, and revealed Staff B (Home Health Aid) crushing Resident#1's medication ( , 50mg.- 1 tab once a day). The medication was put in vanilla pudding and spoon fed to the resident. The resident could open her mouth , but was unable to assist with administering of her medications, and requires administration of medications.

During an interview withe the Administrator on at 3:30PM, she acknowledged the findings.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967703** | **01/29/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENCE AT PADDOCK II (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13988 PADDOCK DRIVE**<br>**WELLINGTON, FL 33414** | |

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

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record review and interview, the facility failed to ensure record semi-annual weights for 2 of 2 sampled residents (Resident#1 and Resident#2).

The Findings Included:

On [redacted] at 1:00PM a resident record review was conducted on Resident#1 and Resident#2's file. The review revealed Resident #2's weights documented as follows: [redacted] - 126 Lbs. , [redacted] -127 Lbs, and [redacted] - 140 Lbs. . There was no additional weights documented for 2017.

On [redacted] at 1:10PM a resident record review was conducted on Resident#1 and Resident#1's file. The review revealed Resident #1's weights documented as follows: [redacted] -148 Lbs, [redacted] -152 Lbs, and [redacted] -172 Lbs. . There was no additional weights documented for 2017. There is a 20lb weight gain, and no documentation any follow-up. Current weight not documented. At this time the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on [redacted] at 2:30PM, the Administrator stated the facility is unable to weight the resident due to her being bedridden. She acknowledged the findings and provided not additional documentation for review.

Class III