STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969202	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **1 A A A ASSISTED LIVING @ WELLINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1337 PINETTA CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced Wellness survey was conducted on at 1 AAA Assisted Living at Wellington, an Assisted Living Facility, license #12025. The facility had deficiencies at the time of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review and interviews, it was determined that the facility admitted a resident who did not meet admission criteria due to the presence of a , tube, for 1 out of 2 sampled residents (Resident #4).

Findings include:

Upon arrival to the facility on at 8:00 AM, the surveyor asked the Administrator if there were any residents with , tubes. He stated that Resident # 4 had a , tube and received all feedings and medications through the tube four times daily. According to the Administrator, The Resident was admitted to the facility already receiving Hospice services and that his employee, a Registered Nurse administered the , feedings and medications.

Observation of Resident # 4 confirmed she had a , tube in position. The resident was extemely and could not answer questions in a coherent manner. The Registered Nurse was present and stated that she administered medications and feedings at 6:30 AM, 12:30 PM, 6 PM and 11:30 PM. The Registered Nurse stated that the resident's condition was stable and that she had not experienced a decline after admission. The Registered Nurse confirmed that she had assessed the resident prior to admission to determine if she could provide the care and sercices the resident required and confirmed the resident had a , and receiving hospices services. The Registered Nurse was aware that the resident had been on Hospice services and receiving all nutrition and medication via the , tube since before , 2017.

Review of the AHCA 1823 assessment form dated revealed that Resident #4 required bolus , tubes for all nutrition and medication administration. The Registered Nurse stated that she thought it was within the scope of her license to provide , care for the resident. She provided the Surveyor with a letter from the State Agency dated . The letter stated the following: "A resident utilizing a , tube(,) may not be admitted to an assisted living facility with a standard, llimited mental health or limited nursing service license. If after admission, a resident's condition changes and a , -tube is ordered, the resident may remain in the facility if the resident is , ill, admitted to hospice, and licensed staff must provide the services required for the , tube

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such as feedings and medication administration." However, the resident had the , ⌣ tub tub prior to admission to the facility.

The Administrator and Registered Nurse both confirmed that Resident # 4 was admitted under Hospice with a ⌣ , tube in place. Resident # 4 did not meet admission criteria when she was admitted to the facility on .

Class III