STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	02/14/2018
NAME OF PROVIDER OR SUPPLIER **PARADISE CARE COTTAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2277 S.E. LENNARD ROAD** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on and at Paradise Care Cottage, License #8585. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and staff interview, the facility failed to ensure 2 of 2 Residents' Health Assessments (AHCA Form 1823) were completed in their entirety (Resident #5 and #6)

The findings included:

1) Resident #5 Health Assessment is signed by the health care provider, however, the printed name of the signer is not present, and the address, telephone number, license number, and credentials of the signer were not documented on the Assessment. On at 12:30 PM, the Administrator was apprised of the missing information on Resident #5's assessment.

2) During interview and review of Resident #6's health assessment (1823 form) conducted with the Assistant Administrator, on beginning at approximately 10:00 AM, she acknowledged this resident's health assessment (dated) did not contain the following required information: diet order; the health care provider's printed name, address, telephone number, title of examiner; and list of current medications.

Class III

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

Based on resident record review and staff interview, the facility failed to complete a new health assessment for 1 of 2 residents after a significant change (Resident #5).

The findings included:

1) A review of Resident #5's initial and current health assessment, dated , documents Medical History and Diagnosis as "Chronic ". Physical and sensory limitations are noted as decreased lower extremity strength. Resident and behavioral status is documented as alert and Oriented X 3 with periods of . It is also documented that Resident #5 is currently taking no medications.

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SUMMARY STATEMENT OF DEFICIENCIES
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A further review of the medical record for Resident #5 reveals physician notes, dated , which document the following diagnoses:
a. history of
b. abnormal weight loss
c.
d. Conversion with sensory symptom or
e.

Resident #5's medication record shows the resident was prescribed the following medication on : , ( ) for , . Nowhere on the resident's health assessment does it record the presence Conversion with sensory symptom or , , or , .

A face-to-face medical examination by a health care provider, with completion of a new health assessment (AHCA Form 1823) must be completed after a significant change. Per regulation, a significant change means "a sudden or major shift in behavior or mood inconsistent with the resident's diagnosis,or a deterioration in health status such as unplanned weight change." A diagnoses of abnormal weight loss documented on , and problems related to psychosocial circumstances and , along with prescribed medication for symptoms of , should have warranted a new health assessment for significant change.

During interview with the Administrator on at 12:30 PM, she stated she had not thought the Resident had experienced a "significant change".

Class III

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

Based on observation and interview it was determined the facility failed to provide each resident of the facility with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28/(1)(d), F.S.

The findings include:

During observation and interview conducted with the Assistant Administrator, on beginning at approximately 9:40 AM, she was asked how resident's of this facility had convenient access to make a private phone call. She pointed to the corded telephone in the dining . She was asked how that

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

phone met the requirement of providing privacy for residents to make a private phone call. She acknowledged that it does not. She stated if a resident asked, they could use the phone in the Administrator's office. She was asked if that office was always unlocked and conveniently accessible to residents. She acknowledged that it was not. A list of residents with their cell phone and land line numbers was provided for review. The Assistant Administrator acknowledged that 7 out of 35 current residents did not have their own telephones (this is equal to 20% of the current resident census).

Class III

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

Based on interview and record review it was determined the facility failed to ensure each resident's record contained demographic data to include: ; race; place of birth (if known); and the address and telephone number of the health care provider for 2 of 2 sampled residents (Resident #6 and Resident #5).

The findings include:

1) During interview and resident record review conducted with the Assistant Administrator, on beginning at approximately 10:00 AM, she was asked for a copy of Resident #6's demographic form (as one was not located on this resident's file/chart). She returned with a copy of Resident #6's demographic form. The Assistant Administrator acknowledged that the following information was not included on Resident #6's demographic form: ; race; place of birth (if known); and the address and telephone number of her health care provider. She also acknowledged that the form itself does not provide for completing the following required components: ; race; place of birth; and address of health care provider.

2) A review of the Demographic Form for Resident #5 revealed no documentation of regulatory required information related to ; race; place of birth; and address of health care provider.

On at 12:30 PM, the Administrator acknowledged the demographic form currently used does not contain all of the regulatory information required.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review it was determined the facility failed to maintain the employment

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SUMMARY STATEMENT OF DEFICIENCIES
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status of all of its employees within the clearinghouse for 4 of 4 sampled staff (Staff A, Staff B, Staff C, and Staff D).

The findings include:

During interview and review of the facility's clearinghouse roster conducted with the Administrator, on beginning at approximately 8:30 AM, she acknowledged the following staff members were not noted on the facility's clearinghouse roster:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as
3) Staff C: date of hire noted as
4) Staff D: date of hire noted as

At this time the Administrator acknowledged that out of the 9 individuals noted on the facility's clearinghouse roster, only 2 are current employees. The Administrator stated she was not aware this clearinghouse roster was not being maintained in an up-to-date manner.

Unclassified

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Class III

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Class III

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