STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , a biennial relicensure survey was conducted in conjunction with a complaint survey (#2018000214) (at Arbor Oaks at Tyrone (Lic. #9299).
Deficient practice was identified at the time of the survey.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on observation, interview, and medical record review, the facility failed to communicate and coordinate care with Hospice services provided by a contracted company that included care and were unaware that the resident had several , for one (#16) out of one residents known to have , in the facility.

Findings included:

On during an onsite visit to the facility, Resident #16 was observed on the facility's secure unit lying in bed. Resident Care Aid E was present assisting him with eating. The aid stated Resident #16 had a , on his and that Hospice came in twice a week for care. The resident did not speak when a conversation was attempted. The aid said that he could not feed himself and was unable to hold utensils.

At 10:57 am on the secure unit, a nurse identified herself as a registered nurse from Hospice (Hospice Registered Nurse F) from an outside agency. She said that she was onsite to see several Hospice residents including Resident #16. She said that he received care and had diagnoses of and . She stated that he had a in his fold and also his right and left . She stated that all of his , were a . She said that Hospice nurses came to the facility three times a week for care where Sterifoam dressing was applied.

Upon entrance to the facility, the Administrator was asked for a list of residents who had , .
He stated that they did not have any residents with , and provided a written statement dated : As of today, Tuesday , 2018 we do not have any residents with , in the facility.

A record review was completed for Resident #16.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	02/20/2018
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

Hospice Initial Certification: Admission date: . . Diagnosis: .
Co-existing diagnoses: Parkinson's , , unspecified, -
without , , and prostatic hyperplasia without lower tract symptoms. The physician did not sign the certificate. The Hospice Care snapshot listed the resident as total dependence with mobility.
Physician order : Hospice consult.
Physician order : Clarification care: Use Medihoney instead of . Maintain frequency.
Documentation was not located in the nursing notes regarding . The Hospice notes were not current and did not reflect the location, size, or number of .
The Resident Care Aid task sheet for Resident #16 was reviewed. The tasks did not include repositioning the resident nor that he had /wounds.

At 1:00 pm, an interview was conducted with the Administrator and the Resident Care Director/DON who stated that they were unaware that Resident #16 had any .

At 1:07 pm, an interview was conducted with the DON. She stated she was able to locate Hospice progress notes dated that revealed the resident had on his and left heel. She said that he had been admitted to hospice for the diagnosis of 's . She confirmed that the stages of the wounds were not documented. She was asked how she communicated with Hospice regarding the resident's care. She said that the previous Hospice nurse used to meet with her on her visits and she would let her know if there were any changes. The DON was shown the Physician order where in there was an order for to be applied to the left heel. The DON stated that Unit Manager G had signed that she faxed the order to Hospice. She said that then Hospice sends the physician order to the pharmacy. The DON said that neither the Hospice nurse nor Unit Manager G informed her about the left heel .

At 3:15 pm, an interview was conducted again with the DON. She stated that she had just found out on this day from Hospice nurse F that Resident #16 had . She said that she then called Hospice to get Hospice notes. She said that the Hospice nurse on this day was staging the heel as a . She said that she could not answer if it had increased in size because she did not know about it and did not have documentation.

At 3:23 pm, an interview was conducted with Unit Manager/Medication Technician G. She said the Hospice nurse who had come on this day told her of the and showed her the wounds. She said she had never seen "that big before today", referring to his . She said that he had two wounds on his , probably the size of a nickel for one and that she could not see the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	02/20/2018
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

other. She said that she was then shown the ankle. She said that the previous Hospice nurse was coming to treat both ankles and that Resident #16 had the wounds on his ankles for approximately more than a month. She said that he had little boots to wear from Hospice to keep from rubbing on anything. She said that the on the was reddish and with a yellowish marking. She said that the left ankle looked as if she could see in it, "like you could stick something in it" and was dime size. The Hospice nurse changed the dressing on left ankle and applied dressing on both wounds on . She said that the have task assignment sheets. She stated that everyone was aware of Resident #16's wounds on his ankles. She said that she found out on the previous day from her staff that he had a on his bottom. She thought that over the weekend it worsened, but that his ankles had been like that for a long time. She said that the previous Hospice nurse would inform her about the resident before she left, but she never told her the was a prior to it becoming a . The previous Hospice nurse had told her that he had redness on his bottom.

An interview was conducted with Resident Care Aid H at 3:40 pm. She said that she worked with Resident #16 at times and was assigned to him this week. She said that he was and had sores on his bottom. She said that she had seen three wounds on his bottom, one on each side and one in the middle. She said that he had had the new one in the middle for about one week and the other two for more than one month. She said that she cleaned around the wounds using a spray. She said that he could not get out of bed alone, could not reposition himself and was total care.

An interview was conducted with the Administrator at 4:20 pm. He stated they were not aware of any wounds for this resident. He said that Resident #16 had possible or redness on his . He said that the Hospice nurses checked in with them when they left and they did not say anything about the wounds to them. He was not aware of a on his ankle.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to have its regular and therapeutic menus reviewed and approved on an annual basis by a dietetic professional, and failed to maintain an ongoing substitution log for at least the last 6 months.

Findings include:

A review of the facility's current menu being utilized during the survey found a document that had not been officially dated by the reviewing professional, nor were there any serving/portion sizes

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

pertaining to any of the food items. Although a second menu was furnished, this menu was dated and still had no formal portions. Finally, although a general portion reference guide was obtained, review of this document found that this was also undated regarding when it had been officially approved by a licensed or registered dietician. In addition, a review of the facility's substitution logs found forms that were entirely blank.

Interview with the dietary director at 1:20pm and with the administrator at 2:45pm on provided no explanation for these discrepancies and "indicated that they both were aware that much work was still needed to be done in the food services area."

Class III