STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968754	03/06/2018
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE ASSISTED LIVING & MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1315 2ND AVENUE SOUTH** **JACKSONVILLE BEACH, FL 32250**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017015093) was conducted at Beach House Assisted Living (License #12590) on . In conjunction with the complaint investigation an ECC monitoring visit was conducted. Deficient practice was identified during the surveys.

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

Based on record review and staff interview, the facility failed to ensure the Agency for Health Care Administration Health Assessment (Form 1823) was complete upon admission for 3 Residents (Residents #2, #3 and #4) out of 4 sampled resident's.

The findings include:

A record review was conducted for Resident #2 on . The Agency for Health Care Administration Health Assessment (form 1823) was reviewed. On page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no signatures on the page.

Record review for Resident #3 revealed the Form 1823 form was not complete. On page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no signatures on the page.

Record review for Resident #4 revealed the Form 1823 form was not complete. On page 2, Section 1 of the form listing Activities of Daily Living under comments section was blank. On page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no signatures on the page.

During an interview on at 3:40 pm with the Administrator, and Director of Health Services, Licensed Practical Nurse (LPN) they confirmed that Resident #2's 1823 was incomplete and that page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no signatures on the page and the information was not in the 1823, or anywhere else in the chart. They also confirmed that Resident #3's 1823 was incomplete and that page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no signatures on the page and the information was not in the 1823, or anywhere else in the chart. After reviewing Resident #4's 1823, they confirmed it was incomplete and that page 2, Section 1 of the form listing Activities of Daily Living under comments section was blank and page 5, Section 3 of the form listing the identified needs of the resident and services to be provided was blank and there were no

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signatures on the page and the information was not in the 1823, or anywhere else in the chart. They both stated they would be making the corrections to each Form 1823 as soon as possible.

Photographic evidence was obtained.

Class III