STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966091	R 03/27/2018
NAME OF PROVIDER OR SUPPLIER **JACARANDA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 WILLIAM PENN WAY** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Jacaranda Trace, an assisted living facility (license #10358) in Venice, Florida.
This was a follow-up to the complaint survey completed on .

One of the previous deficiencies was found corrected and the other deficiency was recited.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and staff interview, the facility failed to properly implement a prevention program and ensure there were interventions when a resident had a change of condition for 1 (Resident #6) of 2 residents reviewed. This has the potential to lead to further .

The findings included:

On , record review of Resident #4 revealed he was found sitting on the floor on . The incident report said he lost his balance when trying to pick up the phone. Further review of the resident's record revealed no documentation of interventions put in place to help prevent further .

On , review of the facility policy (no policy #) revealed after a occurs the facility procedure is update assessment, , screen, update service plan, and charting with intervention identified.

On at approximately 1:45 p.m., the Administrator confirmed after Resident #6 , the facility did not update the assessment, obtain a , screen, update the service plan, or identify interventions.

Class III