STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	04/11/2018
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR** **INDIAN HARBOR BEACH, FL 32937**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on . . . . and . . . . Zon Beachside LLC, license #12873, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure a resident (#1) had a face-to-face medical examination by a health care provider that was recorded on a health assessment form 1823 after developing a , and before receiving an Extended Congregate Care (ECC) service.

Findings:

On . . . . at 9 am, the director of community relations identified resident #1 and said the resident received ECC for total assistance with Activities of Daily Living (ADLs).

Observations made of resident #1 on at 9:27 am revealed the presence of a dressing to her right inner knee and her left inner lower leg.

Review of the record for resident #1 revealed a health assessment form 1823 that was dated on .

On at 9:45 am, the administrator said resident #1 had a , on her right inner knee. In addition, he said a new health assessment form 1823 was not completed before receiving ECC. In addition when the resident developed a , , as required.

On at 11:05 am, the director of resident care said a caregiver first observed the , on the resident's right inner knee on . . . . , at which time it was reported to a nurse.

A home health agency's start of care assessment, dated on . . . . , indicated resident #1 had a . . , , to her right inner knee.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	**04/11/2018**
NAME OF PROVIDER OR SUPPLIER **ZON BEACHSIDE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1894 S PATRICK DR INDIAN HARBOR BEACH, FL 32937**	

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

Based on record reviews and interview, the facility failed to ensure 2 of 4 personnel records (C and D) contained documentation of a negative . . . . . ( ) exam on an annual basis.

Findings:

Personnel record review for certified nursing assistance C revealed a hire date of . . . . . The record contained negative chest x-ray results signed by a health care provider and dated on . The record did not contain documentation of a negative exam in 2018.

Personnel record review for the director of resident services D revealed a hire date of . . . . The record contained a negative exam dated on and did not contain documentation of a negative exam in 2018.

On . . . . . at 12:05 pm, the director of community relations confirmed the findings.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 direct care staff (B) obtained . . . . . level 1 training within three months of employment.

Findings:

Observations made during a tour of the facility on . . . . at 9:15 am revealed a secured memory care unit.

Review of the personnel record for certified nursing assistant B revealed a hire date of . The record did not contain documentation to indicate . . . . 's level 1 training was obtained within three months of employment, as required.

On . . . at 12:28 pm, the director of community relations confirmed the finding.

Class III