STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**04/15/2018**
NAME OF PROVIDER OR SUPPLIER **TITUSVILLE TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 INDIAN RIVER AVENUE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

Complaint Investigation #2018001043 was conducted on . Titusville Towers, License #10346, had a deficiency at the time of the investigation.

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

Based on observation, record review and interview, the facility failed to ensure the health assessment was accurate and signed by the appropriate individuals for 1 of 4 sampled residents (#2).

Findings:

Observations during an interview with resident #2 on at 10:10 AM found her alone in her apartment. She said she could do almost everything for herself, but she did have a hospice nurse come to check on her each week. She stated her meals were delivered to her she ate there. She was able to shower and dress without assistance.

Resident #2's record revealed she was admitted on . Her most recent health assessment was dated . On page 2 of the form in the section for Activities of Daily Living, the comments section for line 1 was wrinkled and covered with white-out. There was writing under the white out, but it was not legible. In the same section, "eating" was check as independent. In another color ink, the check mark in the independent column was scribbled out and a new check mark for supervision was added. There were no initials and date when this change was made. Page 5 was not signed by the facility administrator or designee.

On at 12:10 PM, the manager confirmed the findings and said the assessment form was never given to her for review or signature, so she did not see the white-out and cross out marks.

Class III