STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969028	05/23/2018
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

The re-licensure survey with extended congregate Care (ECC) on . . . . Zon Beachside LLC Assisted Living Facility, License #12873 had deficiencies at the time of the visit.

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

Based on observations, record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for 1 of 2 sampled resident (#14).

Findings:

In an interview on . . . . at 9:30 AM, resident #14 was identified as receiving home healthcare for pressure sores to the left and right heels.

Resident record review for resident #14 revealed a health report dated that listed diagnoses of high . . . . , ... , Parkinson's . . . . . restless leg . . . . . . According to the report, the resident did not have any , III, or pressure sores. Order dated indicated home health care for . . . care to both heels.

Home health care note, obtained by the facility on . . . . , dated . . . . . indicated right heel pressure , closed, unstageable, measuring 1.5 x 4 centimeters (cm), purple, skin intact. Left heel pressure . . . , closed unstageable, measuring 0.6 x 1.4 cm, purple. Both had an onset day of . . . . .

Facility note dated . . . . . 10 PM indicated both feet were elevated and sprayed with skin protestant on the heels which were left floating. The nurse was notified that he had sores on both heels.

The continued review revealed no evidence to confirm the facility was aware when the heels first showed signs of breakdown, notification to healthcare provider and to the resident's representative and there were no written notations regarding the progress/outcome of the pressure sores.

In an interview on . . . . . at 3 PM with the facility, Registered Nurse who said the resident was an active participant in his care.

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Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record reviews and interview, the facility failed to ensure the residency agreement for 2 of 2 sampled residents (#1 and #14) contained the correct information.

Findings:

Resident #1's residency agreement was dated on .

Resident #14's residency agreement was dated on .

Both agreements contained a provision that required each resident to have a health assessment conducted by a health care provider annually however; residents must be assessed by a health care provider upon admission and every 3 years thereafter, or after a significant change.

On at 2 pm, the administrator confirmed the findings.

Class

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on record review and interview the facility failed to ensure that before receiving services, the extended congregate care administrator or manager developed a preliminary service plan for 1 of 2 sampled residents (#14).

Findings:

Observations on at 2:10 PM noted resident #14 had a dressing to the left wrist and to the right elbow. The nurse said the facility nurses provided the care.

The , 2018 Medication Observation Record (MOR) listed support stocking apply in AM and remove at bedtime and had staff initials from 5/1 to survey date. Continued record review revealed no evidence to confirm healthcare provider's orders were obtained to apply and remove support stocking.

A healthcare provider's order dated indicated what to do when the resident bathe , change dressing on forehead and behind right ear, apply vaseline non-stick gauze paper tape.

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SUMMARY STATEMENT OF DEFICIENCIES
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The MOR also listed care - daily after bathing, change dressing on forehead and behind right ear, apply Vaseline non-stick gauze paper tape until healed and had a letter "x" on 5/1, 5/3, 5/4, 5/5, 5/6, 5/8, , , , , , , and . There were blank spaces on 5/8, and .

In an interview on at 3 PM with the Registered Nurse who stated that the nurses documented the MOR because they were simple services. The resident was not receiving Extended Congregate Care (ECC).

Class III

E207 - ECC - Services - 58A-5.030(8) FAC

Based on observations, record review and interview the facility failed to ensure that nursing services were provided as authorized by a health care provider's order and recorded in nursing progress notes and provided in accordance with the resident's service plan for 1 of 2 sampled residents (#14).

Findings:

Observations on at 2:10 PM noted resident #14 had a dressing to the left wrist and to the right elbow. The nurse said the facility nurses provided the care.

The , 2018 Medication Observation Record (MOR) listed support stocking apply in AM and remove at bedtime and had staff initials from 5/1 to survey date. Continued record review revealed no evidence to confirm healthcare provider's orders were obtained to apply and remove support stocking.

A healthcare provider's order dated indicated what to do when the resident bathe, change dressing on forehead and behind right ear, apply Vaseline non-stick gauze paper tape.

The MOR also listed care - daily after bathing, change dressing on the forehead and behind right ear, apply Vaseline non-stick gauze paper tape until healed and had a letter "x" on 5/1, 5/3, 5/4, 5/5, 5/6, 5/8, , , , , , , and . There were blank spaces on 5/8, and . Continued review revealed there were no nursing progress notes completed by the nurse who delivered the service and describe the date, type, scope, amount, duration, and outcome of services that were rendered; the general status of the resident's health; any deviations; any contact with the resident's physician; and contained the signature and credential initials of the person rendering the service.

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There was no evidence that a healthcare provider's order was obtained to provide . . . . care to the left wrist and to the right elbow. Again, there were no nursing progress notes completed by the nurse who delivered the service and describe the date, type, scope, amount, duration, and outcome of services that were rendered. Also, there was no documentation related to the general status of the resident's health; any deviations; any contact with the resident's physician; and contained the signature and credential initials of the person rendering the service.

In an interview on . . . . . at 3 PM with the Registered Nurse who stated the nurses documented the MOR because they were simple services. The resident was not receiving Extended Congregate Care (ECC).

Class III