STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964707	**06/08/2018**
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **570 NATIONAL HEALTHCARE BLVD** **DAYTONA BEACH, FL 32114**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018003656) was conducted at Indigo Palms (License Number: 9261) on . Indigo Palms had deficiencies at the time of the investigation.

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

Based on a review of resident records, and interview with staff, the facility failed to obtain complete and accurate information on the resident health assessment (AHCA Form 1823) for 1 of 3 sampled residents whose records were reviewed (Resident #3).

The findings include:

A record review for Resident #3 revealed a resident health assessment (AHCA Form 1823) dated . Resident #3 was born on , and was noted with chronic forgetfulness. The section asking for the medical history and diagnosis noted "See attached." Further review of the record revealed nothing attached. The section titled Nursing/treatment/ , , service requirements noted "See attached", but there was no information attached. Section C asked if Resident #3 required 24 hour nursing or , , care, and the response was marked "Yes." Section 3 of the assessment, intended for completion by the Administrator to list services offered to the resident was also blank.

An interview was conducted with the Director of Nursing at 12:10 pm on . He reviewed the record, and confirmed the health assessment AHCA Form 1823 was inaccurate/incomplete.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964707	**06/08/2018**
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **570 NATIONAL HEALTHCARE BLVD** **DAYTONA BEACH, FL 32114**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018003656) was conducted at Indigo Palms (License Number: 9261) on . Indigo Palms had deficiencies at the time of the investigation.

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

Based on a review of resident records, and interview with staff, the facility failed to obtain complete and accurate information on the resident health assessment (AHCA Form 1823) for 1 of 3 sampled residents whose records were reviewed (Resident #3).

The findings include:

A record review for Resident #3 revealed a resident health assessment (AHCA Form 1823) dated . Resident #3 was born on , and was noted with chronic forgetfulness. The section asking for the medical history and diagnosis noted "See attached." Further review of the record revealed nothing attached. The section titled Nursing/treatment/ , , service requirements noted "See attached", but there was no information attached. Section C asked if Resident #3 required 24 hour nursing or , , care, and the response was marked "Yes." Section 3 of the assessment, intended for completion by the Administrator to list services offered to the resident was also blank.

An interview was conducted with the Director of Nursing at 12:10 pm on . He reviewed the record, and confirmed the health assessment AHCA Form 1823 was inaccurate/incomplete.

Class III