STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care survey was conducted on , 11-12, 2018 at Broadview Assisted Living (license #9700). A complaint survey for allegations contained within CCR#2018007686, CCR#2018007413, and CCR#2018008583 were conducted in conjunction. Deficiencies were found at the time of the survey.

E206 - ECC - Service Plans - 58A-5.030(6) FAC

Based on staff interview and record review, the facility failed to ensure residents receiving Extended Congregate Care (ECC) services had a preliminary service plan developed for 1 of 3 residents sampled (#8), and failed to update an existing service plan quarterly for 1 of 3 residents sampled (#10).

The findings included:

Resident #8
Per the medical record, resident #8 began receiving ECC services beginning . There was not a preliminary service plan was found within the record.

An interview was conducted with the Director of Wellness (DOW) at 12 PM. She confirmed the plan was not within the record.

An interview with the Vice President of Clinical Services (VPCS) was conducted on at 3:05 PM. She reviewed the medical record for resident #8 and also confirmed there was no service plan developed.

Resident #10
Resident #10 began receiving ECC services on . Upon review the medical record, no service plan was observed. The DOW reviewed the chart at 12 PM and also confirmed no service plan. The VPCS provided the last completed service plan. The plan was dated

An interview with the DOW on at 12 PM revealed service plans should be updated quarterly.

Class III

E207 - ECC - Services - 58A-5.030(7) FAC

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	AL11965291	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADVIEW ASSISTED LIVING	**2110 Fleischmann Road TALLAHASSEE, FL 32308**

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

Based on observation, interview, and record review, the facility failed to ensure all Extended Congregate Care (ECC) ordered services were completed for 2 of 3 residents sampled (#8, #9) and failed to complete a monthly nursing assessments for 3 of 3 residents sampled (#8, #9, #10).

The findings included:

Resident #8
Resident #8 began receiving ECC services beginning . Orders included changing a tube dressing every night by cleaning the site with normal , patting dry, and applying a 4x4 gauze dressing. The medication record was reviewed for , 2018 and revealed care was not documented as provided on 7/3, 7/5, and . The 2018 medication record was reviewed and revealed care was not documented as provided on , , , , , and . The resident was not interviewable.

Resident #9
Resident #9 began receiving ECC services beginning . Orders for the resident included changing J-tube dressing twice daily. Additionally, the site should have been cleansed with normal , patted dry, and a 4x4 gauze should have been applied. Care was only documented as provided on the medication record once on 7/3, 7/4, 7/6, 7/9, and . Care was not documented as provided either time on 7/5 and . The medication record was reviewed. Care was documented as provided only once 6/8, 6/9, , , , , , , and .

Licensed practical nurse (LPN) D was observed on at 2:03 PM to begin completing orders for the tube flushing. When she exposed resident #9's dressing, the dressing was dated . Nurse D confirmed the dressing was the same as she had applied two days prior. She further revealed it was common for the dressing not to be changed.

Additional orders for resident #9 revealed a J-tube flush with 60 milliliters of water three times a day. For the month of , 2018, the medication record revealed care was not provided once on 7/4, 7/7, and . Care was not documented as provided twice on days 7/6 and 7/9. Care was not documented as provided any time on . The 2018 medication record revealed care was not documented as provided once on 6/7, 6/8, 6/9, /11, , , , , , , , , , , , and . Care was not documented as provided twice on days , , and . No care was documented as provided at any time on and . Resident #9 was receiving Hospice services for end of life care and was not interviewable.

Residents #8, #9, #10

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

Residents #8, 9, and 10's medical records were reviewed. None revealed a monthly nursing assessment for the last 6 months.

An interview was conducted with the Vice President of Clinical Services on at 12 PM. She revealed the process is for the LPN to do the monthly nursing assessments, then the facility holds the form until the nurse practitioner comes to the facility and then she signs the assessment. All monthly nursing assessments for each resident #8-10 were requested. None of the forms revealed any staff members signatures.

Class III