

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965680	(X3) DATE SURVEY COMPLETED R 08/30/2018
NAME OF PROVIDER OR SUPPLIER WELCOME HOME ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2841 6TH STREET SARASOTA, FL 34237	

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

0000 - Initial Comments

An unannounced revisit and emergency power plan monitoring survey were conducted on [redacted] at Aurora Manor, Inc/Welcome Home, an assisted living facility (license #10021) in Sarasota, Florida.

This was a follow-up to the change of ownership survey completed on [redacted].

The following is description of the deficiency.

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

Based on record review, observation, and interview the facility failed to ensure 1 (Resident #5) of 1 resident, with a [redacted] documented as a [redacted], was discharged from the facility for failure of the resident's condition to improve within 30 days.

The findings included:

Record review for Resident #5 found he was admitted to the facility on [redacted]. His health assessment, completed [redacted], noted that the resident had a pressure [redacted] on his thigh. The assessment had a physician's statement saying the [redacted] was a [redacted]. A home health agency was ordered to provide care for the [redacted].

A home health agency assessment, performed by a registered nurse on [redacted], documented a [redacted] as a [redacted] on the right [redacted] thigh with " [redacted] size Length 8.5 cm (centimeter), Width 5.5 cm, Depth 0.3 cm." The [redacted] bed was noted to have 25% [redacted] (stringy yellow/tan/gray tissue), under 25% eschar (dry tough black/brown tissue) and [redacted] (drainage).

The National [redacted] Advisory Panel redefined the definition of a pressure injuries during the NPUAP 2016 Staging Consensus Conference that was held [redacted] 8-9, 2016 in Rosemont Chicago, IL. This definition included:

[redacted] Pressure Injury: Partial-thickness skin loss with exposed dermis. The [redacted] bed is viable, pink or red, moist, and may also present as an intact or [redacted]-filled [redacted]. Adipose (fat) is not visible and deeper tissues are not visible. [redacted] tissue, [redacted] and eschar are not present.

[redacted] Pressure Injury: Full-thickness loss of skin, in which adipose (fat) is visible in the [redacted] and [redacted] tissue and epibole (rolled [redacted] edges) are often present. [redacted] and/or eschar may be visible.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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The Agency for Health Care Administration (AHCA) surveyed the facility on [redacted] and cited that Resident #5 was admitted to the facility with a [redacted] and did not meet admission criteria. A home health agency assessment, performed by a registered nurse on [redacted], documented a [redacted] as a [redacted] on the right [redacted] upper thigh with [redacted] size Length 5 cm, Width 4 cm, Depth 0.2 cm." The [redacted] bed was noted with [redacted] 25% saturated dressing and a [redacted] bed of 100% [redacted] red pink (no [redacted] or eschar was noted). On [redacted], the Certified Physician Assistant (PA-C) documented, "I was informed that the [redacted] ([redacted] on right [redacted] area) was measured by a home health nurse and it was classified as a [redacted] [redacted] [redacted], I will defer to them." This PA-C performed physical exams on [redacted] and [redacted], documenting a primary diagnosis of "Pressure Area R (Right) [redacted]" and a plan to continue with [redacted] care. Resident #5 was observed returning from Sarasota Memorial Hospital [redacted] Center at 12:30 p.m., on [redacted]. A dressing, measuring approximately 8 x 8 inches, was observed on his right lower [redacted]. When asked about the dressing, the resident said he had a pressure [redacted] and stated, "I cannot go on like this. I've had this for over 2 years." Documentation from the [redacted] center, completed by a registered nurse on [redacted], states: "Right Thigh, [redacted] Assessment, Grade 2, Red/Yellow [redacted] ([redacted] base tissue), Length 5.7 cm, Width 6 cm, Depth 0.1 cm." It was also noted that the [redacted] had a moderate amount of [redacted] and red/yellow [redacted] and had 25-50% of tissue devitalized (tissue that is transitioning from viable to devitalized tissue is called [redacted]). The facility knew, or should have known, that Resident #5's [redacted] had [redacted] in the base, continued to have [redacted] drainage, had an increase in length and width (since [redacted]), now has 25-50% of tissue devitalized (increase in [redacted]) and meets the criteria for a [redacted], [redacted]. Upon interview at 1:30 p.m., on [redacted], the Administrator stated "I thought it (the [redacted]) was getting better." Class II		