

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968150	(X3) DATE SURVEY COMPLETED 10/29/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN BREEZE LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18 WOODWARD LN PALM COAST, FL 32164	

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

0000 - Initial Comments

An unannounced Change of Ownership survey with Emergency Power Plan monitoring was conducted on _____ at Southern Breeze Living LLC (License #12111). The facility had licensure deficiencies at the time of the visit.

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

Based on record review and staff interview, the facility failed to supervise a resident after a _____ and hospitalization and failed to implement hospital discharge orders for 1 of 5 sampled residents, Resident #1.

The findings include:

On _____ at 10:10 AM, Employee A, a Caregiver stated Resident #1 had a _____ recently, hit her head and was sent out to the hospital.

Record review revealed Resident #1 was admitted to the facility on _____. She had a Health Assessment (1823) dated _____. It revealed she had diagnoses of _____, mild _____ (_____), gait _____ due to hip _____ and needed supervision with activities of daily living.

Observation of the resident on _____ at 9:30 AM revealed her ambulating independently without supervision to the _____ her walker.

On _____ at 11:17 AM, the Administrator was asked if Resident #1 had any significant change in condition. She stated a few days ago, the resident had a _____ and hit her head. She was sent to the emergency _____ was admitted to the hospital. They did not discharge her for a few days because she was so _____. The Administrator stated Resident #1 ambulated to the _____ herself and did not need help. She stated that the resident was currently receiving home health services and was on _____ services (both Occupational and Physical).

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On at 12:16 PM, the Administrator was asked if she had the discharge instructions from the hospital. She stated no. She asked Employee A (who picked the Resident up from the hospital upon discharge). Employee A stated she had an manilla envelope that she left in the resident's Employee A went into the resident's returned with an envelope. Inside the envelope was hospital discharge instructions and a new health assessment. Review of the hospital discharge records (dated to) revealed : history of chronic , intraparenchymal of the and laceration of scalp. It also revealed a new medication: , 500 mg , 1 tablet 2 times a day for , next dose start at 9 PM on . A prescription dated , 2018 for this medication was also in the envelope. The after hospital care also instructed the resident to stop taking . Review of the 2018 MOR for Resident #1 revealed she was not receiving the new medication, nor had the (medication) been discontinued per hospital discharge instructions. The new Health Assessment (dated) revealed the resident needed assistance with all activities of daily living except eating. For special precautions, precautions was listed. On at 1:19 PM, the Power of Attorney (POA) for Resident #1 was interviewed over the phone. She stated she was notified of the resident's , hitting her head and transfer to the hospital. She stated that Resident #1 was ambulating in the middle of night to the she . She has discussed with the Administrator for the Resident not to use the her . There was not enough space in this to maneuver her walker safely. The Administrator on at 2:30 PM stated she contacted the resident's primary physician's office for clarification of the discharge instructions and has not heard anything back from them yet. Photographic Evidence Obtained Class III 0054 - Medication - Records - 58A-5.0185(5) FAC		

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Based on record review and staff interview, the facility failed to record assistance with medication administration each time a medication was given for 5 of 5 sampled residents, Residents #1-#5. The findings include: Review of the 2018 Medication Observation Record (MOR) for Resident #1 revealed blanks on MOR where medications were not signed as given. They were for ER, Thera-M, Prevastatin, Fish Oil, D3, Dok, and Preservision Cap. They were not recorded as given on the 7th, 14th, 21st, and 28th of . There was also a medication Sod, with instructions to take one tablet by mouth every week. It was only signed as given on the 4th of 2018. It was not signed the next 3 weeks as given. Review of the 2018 MOR for Resident # 2 revealed blanks for , and Cetirzine . They were not recorded as given on the 7th, 14th, 21st, and 28th of . Review of the 2018 MOR for Resident # 3 revealed blanks for , Fish Oil, , and . They were not recorded as given on the 7th, 14th, 21st, and 28th of . Review of the 2018 MOR for Resident #4 revealed blanks for medications , Lisinopril, Fluoromethlone, Erythromycin, Temzaepam, . They were not recorded as given on the 7th, 14th, 21st and 28th of . was not recorded on the 1st, 7th, and 21st of . Review of the 2018 MOR for Resident #5 revealed blanks for , and , Fish Oil, Polyethylene, Plus, , and . They were not recorded as given on the the 7th, 14th, 21st and 28th of . Employee A, a Caregiver who assists with medications, was interviewed on at 9:30 AM. She confirmed the many blanks in the MORs. She stated it was not her that did not sign, it was the Administrator who did not sign the MORs. On at 10:16 AM, the Administrator confirmed the blanks on MORs also. She stated she usually signs the medications the next day. She could not explain why they were not signed for multiple		

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weeks. Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and staff interview, the facility failed to secure centrally stored medications at all times for 5 of 5 sampled residents, Residents #1-#5. The findings include: On at 9:20 AM, there was a small plastic bin unsecured on the kitchen counter. Residents were observed in the living dining the only staff member present, Employee A was observed assisting residents getting up, preparing breakfast, and giving their AM medications. On at 9:51 AM, Employee A was observed to pass medications to Resident # 2. After she gave the resident her medications, she walked up to a hall closet and opened the door that was unlocked. There were multiple plastic bins with resident medications in them. Employee A confirmed the door was unlocked stating that she was in the process going back and forth giving the residents medications this morning and did not lock it between residents. On at 9:55 AM, there was a single bottle of on a desk in the living . It did not have a resident name on it. Employee A stated that it belonged to Resident #1. She stated she gave it to Resident #1 this morning and did not return it to the centrally stored medication closet. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on record review and staff interview, the facility failed to contact the health care provider to request revised instructions for as needed medication for 4 of 5 sampled residents, Residents #1, #3, #4, and #5. The findings include: Review of the 2018 MOR for Resident #1 revealed an entry for Milk of Magnesia, 30 ml, take by mouth every 12 hours as needed. There was no indication for use.		

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Review of the 2018 MOR for Resident #3 revealed an entry for ExLax 15 mg tablet, take 2 tablets by oral route as needed. It did not have an indication for use.

Review of the 2018 MOR for Resident #4 revealed an entry for , take 30 ml twice daily as needed. It did not have an indication for use. There was also an entry for 5 mg-325 mg, take 1/2 to 1 tablet by mouth as needed. It did not have an indication for use.

Review of the 2018 MOR for Resident #5 revealed an entry for 325 mg, take one tablet by mouth every 4 hours as needed. It did not have an indication for use.

Employee A, a Caregiver who assists with medications, confirmed the above as needed medications did not have an indications for use on at 9:39 AM.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on employee record review and staff interview, the facility failed to ensure that staff had annual screening for () for 1 of 3 sampled employees, the Administrator.

The findings include:

The Administrator's record revealed she opened her Assisted Living Facility in 2012 and was also a Caregiver. Her latest screening was . The Administrator on at 1:58 PM confirmed she did not have a screening yet in 2018.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on facility record review and staff interview, the facility failed to maintain an accurate Admission/ Discharge Log for 1 of 5 sampled residents, Resident #1.

The findings include:

Review of the Admission / Discharge log revealed only 4 residents. The current census was 5. The Administrator on at 10:15 AM confirmed Resident #1 was not on the Admission/Discharge log.

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Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on facility record review and staff interview, the facility failed to maintain an accurate written work schedule for the past six months and failed to maintain evidence of required trainings for 1 of 4 employees, Employee B.

The findings include:

1. On _____ at 10:00 AM, the Administrator arrived to the facility and stated she was with Employee B who was taking his Certified Nursing Assistant Exam. She stated she does have an employee schedule which was posted on the wall. She stated it has not changed. Everyone keeps the same schedule each week/month. On _____ at 10 AM, the employee schedule did not list Employee B. It also listed the Administrator's husband (has not worked here in a year). The Administrator stated that Employee B moved in the facility in _____, 2018 and started working here as a caregiver on _____, 2018. She did not add him to the schedule.

2. Record review of Employee B revealed he was hired as a live-in caregiver on _____. Record review revealed no evidence he completed trainings in reporting adverse incidents, facility emergency procedures, resident rights, food preparation, Do Not Resuscitate Orders, or elopement responses.

The Administrator on _____ at 2:08 PM stated Employee B is a Certified Nursing Assistant. She did not have evidence of the other required trainings.

Photographic Evidence Obtained

Class III

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

Based on record review and staff interview, the facility failed to have a current resident contract for 1 of 5 sampled residents, Resident #5.

The findings include:

Review of the record for Resident #5 revealed an Assisted Living Facility Residency Agreement dated

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..., 2013. It revealed the resident was paying \$2500/month. It was signed by the resident's daughter and a previous employee. The Administrator on ... at 10:46 AM stated that the resident pays \$2800/month and she did not get a new residency agreement or addendum to reflect the new price. Photographic Evidence Obtained Class III D200 - Emergency Environmental Control - 58A-5.036 FAC Based on review of the Emergency Power Plan (EPP) and staff interview, the facility failed to notify each resident/resident representative in writing of implementation of the EPP for 5 of 5 sampled residents, (Residents #1-#5) The findings include: The Administrator on ... at 11:12 AM was interviewed about her EPP. She stated the facility's EPP was implemented on ..., 2018. She was asked how she informed the 5 residents/representatives of the EPP. The Administrator stated she knows all of the residents and families very well and told them verbally. She stated she did not put anything in writing. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review, review of the Agency for Health Care Background Unit Web Site (BGS) , and staff interview, the facility failed to add 1 of 4 sampled employees to the Clearinghouse roster within 10 days of hire, Employee B. The findings include: Record review revealed Employee B was hired as a caregiver on ..., 2018.		

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On at 2:00 PM, the Agency for Health Care BGS web site was accessed and Employee B was not added as an employee. On at 2:00 PM, the Administrator stated she did not know she had to add Employee B to the roster. Photographic Evidence Obtained Unclassified 2816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on record review and staff interview, the facility failed to have new employees sign an attestation that they met the requirements for qualifying for employment for 1 of 4 sampled employees, Employee B. The findings include: Record review revealed Employee B was hired as a caregiver on, 2018. There was not an attestation in his employee record that he met the requirements for employment. On at 2:00 PM, the Administrator stated she did not know anything about the employee attestation. Class		