STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	11/08/2018
NAME OF PROVIDER OR SUPPLIER **SABAL HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 CROSSVILLE STREET** **CANTONMENT, FL 32533**	

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

0000 - Initial Comments

An unannounced biennial survey with Limited Nursing Services was conducted on in conjunction with a generator assessment at Sabal House, an assissted living facility in Cantonment, FL. Deficient practice was identified at the time of the survey.

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

Based on staff interview, record review and observations, the facility failed to determine the appropriateness of continued residency for 3 of 4 residents (#2, #11, and #12) reviewed under the limited nursing licensure for .

The findings were:

An interview was conducted with hospice nurse on at 11:26 am. She was asked if any of the residents she was seeing had any . She said she currently had three with . She said resident #2 had a to her right ankle and had the area for about four weeks. She then said resident #11 had a to her right , which had been present since she started working with the resident in mid- . The last resident, #12, had an to her right heel which she had for the past 3 or 4 weeks.

A review of the medical record for resident #2 indicated she had a noted by hospice on that had been addressed by the hospice nurse. The assessment completed by the facility registered nurse, dated , showed resident #2 had a reddened area on her with no , but there was no mention of the area to the resident's right ankle.
The hospice nurse provided the notes by their nurses. The area was identified on on the right outer ankle as a , crater, adipose layer. Length 2 cm (centimeters) by width 2.4 cm and depth 0.5 cm. bed color was white, drainage color was pink, tissue was , care performed. Cleaned , patted dry, mepilex applied for protection until nurse can bring supplies. On the right ankle was identified as . The color was black and the tissue was . A visit on did not address the . On the right ankle was again staged as a crater, adipose tissue. The length was 2.5 cm, width was 2.5 cm, and the depth was 0.5 cm. bed color was tan, drainage was moderate with no odor. The area was cleaned, and therahoney was applied, covered with non-stick gauze, and wrapped with Kerlex. The last note was dated location right ankle, superficial, 2 cm length, 2 cm width. No depth noted. bed was pink and tissue healthy.

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An interview was conducted with the director of nursing on at 3:16 pm. She said she was not aware that the area to resident #2's ankle had ever been greater than a . She was asked why the ankle was not addressed on the limited nursing services assessment dated . She said that is part of the assessment and the order for treatment for the was in the chart.

Resident #11 was found to have an order dated with several areas found, including: (1) to fold area, to left side fold measures 1.5 X 1.5 X less than 0.01 cm; (2) to right side fold upper measures 1.5 X 1.5 X less than 0.01 cm; (3) right side lower measures 2.5 X 2.0 X less than 0.01 cm. Cleanse , dry, apply to all areas. Change weekly by hospice and as needed by facility staff nurse or hospice nurse. Limited nursing service assessments by the facility registered nurse indicated for to ; ; ; healing to ; reddened area from healing to . As indicated by the interview with the hospice nurse on at 11:26 am the area to resident #11's right is still a . She said resident #11 has continued to have the since she started caring for her in mid- .

Resident #12 was identified on to have an , to her right heel. There was an order to cleanse with cleanser, , dry with 4 X 4, apply medi-honey, triple , skin prep and cover with medi-plex, apply to while in bed. The limited nursing service monthly assessment done on did not address the on the resident's .

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on staff interview and record review, the facility failed to have an annual review of menus by a licensed or registered dietician (RD) and failed to serve physician ordered diet for 1 of 2 residents reviewed (#2).

The findings are:

A review of the menus provided by staff had no signature by a dietician.

An interview was conducted with the Executive Director (ED) on at 2:53 pm. He was asked about the annual review by the dietician, and stated, "at this point we do not have a dietician."

A review of resident #2's record revealed a Resident Health Assessment for Assisted Living Facilities

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(1823), dated by her health care provider. On page 2, Section B of the 1823 for Special Diet Instructions, no added salt was checked.

An interview was conducted with Employee A on 11/19/18 at 2:50 pm. She was asked about special diets for residents. She stated she was provided a list of people with special diets. She showed the sheet she used to prepare resident meals, and it indicated resident #2 was receiving a regular diet. She was asked about no added salt for resident #2 and said, "I have her on a regular diet, but I see now I should be giving her meals with no added salt."

An interview was conducted with the Executive Director (ED) on at 2:53 pm regarding diets. The ED confirmed that dietary staff were given a list of people with special diets, and after reviewing the list provided by employee A, agrees resident #2 was not on the list for no added salt diet.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on staff interview, record review and observations, the facility failed to determine the appropriateness of continued residency for 3 of 4 residents (#2, #11, and #12) reviewed under the limited nursing licensure for .

The findings are:

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Class III