STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969249	01/23/2019
NAME OF PROVIDER OR SUPPLIER EAGLES COMFORT CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8620 NW 3RD ST PEMBROKE PINES, FL 33024	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018016526, was conducted on at Eagles Comfort Care, LLC, License # 13054. The facility had a deficiency identified at the time of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, it was determined the facility failed to ensure a resident met the criteria for admission; in addition the facility failed to properly assess a resident to ensure that the facility could adequately and appropriately provide all physican ordered care needs for the resident, for 1 out of 3 sampled residents (Resident #1). As evidence of the facility failure to assess Resident #1 appropriately prior to admission, resulting in the inappropriate admission of Resident #1.

The findings included:

On at 10:00 AM, an interview was conducted with the Administrator. The following was revealed regarding Resident #1. She stated Resident # 1 came from another Assisted Living Facility and was receiving Hospice services and bedridden. She stated, the resident can only make sounds. She stated she had to be turned every 2 hours based on the sister's request. She says she performed the initial nursing assessment at the resident's previous facility. She says when she assessed her, she saw a small reddened area on her that may have been fungal. She says she noted this condition and determined that the resident should be turned every two hours to prevent any worsening of the condition. She says it was not a stageable of her area.

Review of the Florida Health Assessment form (AHCA 1823 form) was conducted. The form revealed that Resident # 1 is a adult that was admitted into the facility approximately . The resident's diagnosis include, but are not limited to: , Bed Confinement, with Behavioral Disturbance, , Non-Specific. These conditions prevent the resident from providing care, treatment and services for herself. She is non-verbal and unable to make her needs known. She requires total care with the following Activities of Daily Living (ADL's); ambulation, bathing, , eating, self-care grooming, toielting and transferring. She suffers from Type II and dependent. She is labeled as a precaution. She was admitted receiving Hospice Care.

During a further interview with the Administrator on at 11 AM, it was revealed that she did not

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get a chance to speak with the Administrator (of the previous facility) to ask about the reason the resident was not transferring and/or current needs of the resident. She says there were only two staff available at the previous facility, when she conducted the assessment at the previous facility. She stated, she would only take her at the facility because she was on Hospice. She felt it was a difficult task, but she did her best. She says it was beyond her scope of care. She stated she was doing the Power of Attorney a favor, because she lived very close to the facility and could visit often.

Further record review of Resident #1's file revealed the resident required skilled nursing care and two persons to assist. The resident had also been living at the facility for 22 days with the , prior to the order being discontinued on . The resident also required medication administration, the facility does not employ nurses 24 hours per day. The resident required via at 2 liters per minute as needed for .

The Administrator stated on at 1 PM, that the resident went to the hospital numerous times and her condition worsened. She says the case manager from the hospital told her that she required skilled nursing care in . She stated Resident # 1 needed 24-hour because she had a diagnosis of . The Administrator stated she could not provide 24-hour nursing care.

A review of the 45-day notice dated was conducted. It states the facility is no longer able to meet the level of care that the resident requires. The facility recommends the family member find a skilled nursing facility that is more appropriate to meet the resident needs. The effective date was not included on the letter, but would be dated .

A review of the immediate termination letter dated 11/04/2018 revealed the letter serves as a notification of immediate termination from the facility as of . It states the facility is no longer able to meet the level of care that the resident requires. Resident will need a skilled License Facility. Therefore, the facility recommended that the family member finds a skilled nursing facility that is more appropriate to meet the resident's needs. The facility is serving you an immediate service of termination as of , to vacate the facility. It was revealed that the resident did not return to the facility from the hospital.

A request was made for the medical documentation indicating a significant change or worsening of the resident's condition. The Administrator could not provide the information. The Surveyor did not find an updated health assessment form in the medical record indicating a significant change in condition since admission. It was revealed that the facility was initially unable to meet the needs of the resident upon admission.

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Class III