STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932698	**02/28/2019**
NAME OF PROVIDER OR SUPPLIER **PARK SUMMIT AT CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **8500 ROYAL PALM BLVD** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

AMENDED

An unannounced licensure complaint survey, CCR #2018018085, was conducted on and at Park Summit at Coral Springs, License #4917. The facility had a deficiency at the time of the survey.

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

Based on record review and interview, it was determined that the facility failed to have a resident reassessed by his/her Healthcare Provider after the resident exhibited a signficant health change(s) to ensure that the resident's needs could be met in the facility and that the resident met the criteria for continued residency, for 1 of 3 sampled residents (Resident #1). It was also determined that the facility failed to discharge a resident once the facility identified that it could no longer meet the needs of a resident, for 1 out of 3 sampled residents (Resident #1).

The findings included:

Resident #1 was, according to her admission record, admitted to the facility on . Her diagnoses documented in her health assessment (AHCA form 1823) indicated that she had , and repeated . She was able to propel her wheelchair by herself. Her was stable and she needed assistance with all activities of daily living except for eating for which she was independent. However, the AHCA form 1823 further indicated that the resident needed 24-hour nursing care.

During an interview conducted with Employee (A) a Licensed Practical Nurse (LPN) on at 1:08 PM, she reported that she has been working at this facility for many years. She reported that Resident #1 was very . She many times. She was not . She ambulated with a walker but she needed assistance. Employee (A) also said that Resident #1 used her pendant (alert device) many times for no real concerns, when they go to assist her, she did not need anything; she was simply . However, when she needed to use her call light the most, she would not use it.

Review of the call records/Device Activity Report (DAR) indicated that on , the call light/pendant in which was assigned to Resident #1 was activated five times from 11:10 AM to 11:18 AM.

During an interview with the Resident's Physician on at 3:03 PM, he reported that he only saw

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Resident #1 twice, during her stay at the facility. He pointed out that he saw her in . The resident was very , she had (in both); , History of , , and . He encouraged her to keep her up to reduce . He saw her a second time on for follow-up after her on and hospital visit. He stated that the resident was doing fairly well. After she went to the hospital on , he did not see her again.

During an interview with Employee (B) a LPN on at 12:47 PM, she said that she has been working at the facility for many years. She reported that she usually works the evening shift from 3 PM - 11 PM. She said that Resident #1 had an problem. She was a pleasant lady. Periodically, she would yell at the staff. She was obese, and was not independent. She needed supervision to ambulate. Employee (B) reported that Resident #1 was able to walk with her walker but she needed supervision. She was not able to get to her room by herself. She said that on one occasion, she in another resident's room and subsequently .

Review of the incident reports revealed that the resident sustained many . On , (no time recorded), Resident #1 sustained a with possible injury and increased noted. On at 6:00 AM, Resident #1 was found at the of her bed in supine position. She complained of , . Resident said she from her bed (911 called). On at 5:20 AM, she was found lying on her left side in the bathroom floor. The resident reported that she was going to use the toilet, she lost her balance and . She was not using the walker. Paramedics were called. On at 4:30 AM, the Care manager answered the call light and found Resident on the floor on her by her bed. The Resident could not recall how she . 911 was called and the resident was assisted to her chair. On at 11:17 PM the resident was found on the floor and was unable to arousned. 911 was called and she was taken to the hospital.

During an interview with the Administrator on at 2:48 PM, she reported that Resident #1 was very . She needed assistance for all her activities of daily living. She was , at times. She attempted to go down the stairs once. A staff found her and redirected her to her room. The Administrator added that soon after the resident arrived at the facility, she realized that Resident #1 needed a lot more care than she , . Eventually, after Resident #1 went to the hospital on the 29th of , , she did not return to the facility. The Administrator motioned, when asked about whether she was able to provide 24-hour nursing care to the resident, that they were not able to. The Administrator did not indicate whether the facility had taken any advance measures to ensure the safety and reduced of the resident. The Administrator added that although they have nurses and certified nursing assistants around the clock at the facility, it would have been impossible to provide 24-hour nursing care to Resident #1. However, review of the Resident #1's Health Assessment (AHCA form

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1823) indicated that she needed 24-hour nursing care.

During the exit with the Administrator, she provided no additional information but she reported that Resident #1 had expired at a different facility.

Class III