STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969204	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY ADULT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3934 SW KAKOPO ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Relicensure with Limited Nursing Services (LNS) survey was conducted on at Heavenly Adult Care LLC(License #13020). The facility had deficiencies at the time of the visit.

Note: The LNS survey was conducted on a separate date. Please refer to the report for the findings.

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

Based on record review and interviews, the facility admitted a resident who did not meet the criteria for admission to an ALF (Assisted Living Facility), for 1 out of 2 sampled residents (Resident #3); and, failed to develop and implement a plan of care with hospice for 1 out of 1 sampled resident (Resident #3).

The findings included:

On at 11:30 AM, Resident #3's representative stated he was admitted to the facility on or about with a " or 4 , " on the resident' .

During interview with Staff A at 11:00 AM on , she confirmed that the resident had an open area on his and showed a bandage that the hospice nurse had left for the resident. The bandage was approximately 7 by 7 inches in size.

Review of Resident #3's record revealed no documentation of the resident's , , or plan of care developed and implemented with the facility and hospice staff that would include turning and repositioning and care to prevent worsening of the , .

The criteria for a resident admitted to an ALF does not include the following. This exception pertains to continued residency only:

a. A resident requiring care of a , with care provided by a home health agency (HHA), hospice or limited nursing services (LNS).

These findings were discussed with the Administrator during interview on at 4:00 PM. She stated that the hospice nurse had not left documentation as expected at the facility, including a plan of care for Resident #3. The facility provided no additional documentation for review at this time.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interviews, the facility failed to schedule resident activities for a minimum of 6 out of 7 days, and a minimum of 12 hours per week.

The findings included:

During observation of the activities calendar in the living room area of the facility at 9:30 AM on , it was revealed that there was one scheduled activity every two to three days with no times documented. There were 12 activities scheduled for 30 days in , . Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility.

Residents #1 and #4 stated during interview at 10:00 AM on that the scheduled activities listed as "bingo", "puzzle", "story telling", "reading", "card game", "movie", "dominoes" and "music and dance" did not occur. The facility did not provide an ongoing activities program scheduled for a minimum of 6 out of 7 days per week, and a minimum of 12 hours per week.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations and record review it was determined the facility failed to assist residents with the self-administration of medications in accordance with procedures described in Section 429.256, Florida Statutues (F.S.), specifically related to failure to read the medication labels in the presence of the residents, for 2 out of 2 sampled residents (Residents #2 and #3).

The findings include:

During observation of Staff A at 9:30 AM and 10:00 AM on , while providing assistance with the self administration of medication to the following residents, the staff member did not read the medication labels in the presence of the residents as required. The following residents were observed receiving their morning medications while an unlicensed staff member (Staff A) did not read the medication labels in their presence:

a) Resident # /19 9:30 AM observation of medication pass

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

1. 40 mg
2. 10 mg
3. 100 mg
4. 20 mg
5. 50 mg
6. 5 mg
7. 81 mg
8. 50 mg

b) Resident # /19 10:00 AM observation of medication pass

1. 81 mg
2. 50 mg
3. C 1000 mg
4. E 400 units
5. 10 mg

These findings were acknowledged by the Consultant during interview on at 11:30 AM. The facility provided no additional information for review at this time.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 3 out of 4 sampled residents (Residents #1, #2 and #3) who required assistance with the self-administration of medication.

The findings included:

During review of the MOR's on at 9:30 AM, the following omissions and errors were identified:

1) Resident #1
a. 8:00 PM doses on were not initialed as given for and Robuvastatin.

2) Resident #2

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SUMMARY STATEMENT OF DEFICIENCIES
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a. 8:00 PM doses on and had not been initialed as given for .
b. 7:00 PM doses on and had not been initialed as given for .
c. 8:00 PM dose on had not been initialed as given for .

3) Resident #3
a. 8:00 AM, 2:00 PM and 8:00 PM doses on had not been initialed as given for Hydrocort Cream.

The Consultant was notified of these findings during interview on at 11:30 AM. The facility provided no additional documentation for review at this time.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, the facility failed to ensure "as needed" or "PRN" medication listed on the Medication Observation Record (MOR) had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for 1 out of 4 sampled residents (Resident #3), .

The findings included:

a) On at 9:30 AM, the MOR for Resident #3 was reviewed and listed " two tablets every 6 hours as needed" and " insert one as needed once a day as needed". There were no instructions listed for what reason the resident was to request and receive this medication.

These findings were discussed with the Consultant at 11:30 AM on . The facility provided no additional information for review at this time.

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