STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964810	02/08/2019
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CONWAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5501 EAST MICHIGAN STREET** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

Amended Tag A0025 Class II

A Complaint Investigation #2018016436 was conducted at Brookdale Conway on . Brookdale Conway, License #9286, had deficiencies at the time of the visit.

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

Based on record review and interviews, the facility retained 1 of 4 sampled residents who exceeded assisted living facility residency criteria, needed total care for activities of daily living, and developed an un-stageable (#2).

Findings:

Observations during the memory care unit on at 10 AM noted resident #2 in a wheelchair. At 10:30 AM, the caregiver staff said resident #2 was able to transfer and assist with activities of daily living (ADLs). The resident had a to the , which she came with from the rehabilitation center. The resident was

Resident #2's health assessment, dated , listed diagnoses of with and . The resident needed total care with all her ADLs. A facility note, dated , indicated the resident returned to the facility. A wheelchair and hospital bed were ordered for the resident. The Advanced Registered Nurse Practitioner's (ARNP) visit note, dated , indicated the resident had an abnormal gait, high and . A physician's order, dated , indicated Home Health Care for Physical /Occupational/ evaluation to evaluate redness of heels.

A Home Health Care (HHC) note, dated , indicated the left heel had black eschar with a small amount of foul yellow , and the resident was referred to the care . " is defined as yellow devitalized tissue that can be stringy or thick and adherent on the tissue bed." (www.skilledwoundcare.com).

A HHC note, dated , indicated she was disoriented, to person, place and time, and had . The assessment, dated , indicated the resident was unable to follow commands, required with ADLs and mobility, and was at her maximum level of functioning.

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An ARNP note, dated , indicated the resident was seen at the request of the HHC nurse. According to the nurse, the had stable eschar that started to give away. Eschar was removed, and the was un-stageable because of the . "Eschar is tissue that off (sheds) from healthy skin." (medlineplus.gov).

On , the administrator said the resident required assistance of 2 people or more to transfer.

On at 10 AM, the Health and Wellness Director offered no comment.

Class III

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

Based on observations, interview and record review, the facility failed to provide care and services appropriate to the needs of 1 of 4 sampled residents who developed an un-stageable , (#2).

Findings:

During the facility entrance on at 9:30 AM, resident #2 was identified as receiving Home Health Care for care.

Observations made in the memory care unit on at 10:00 AM found resident #2 in a wheelchair. At 10:30 AM, the caregiver said resident #2 was able to transfer and assist with activities of daily living (ADLs). The caregiver further explained that the resident had returned from the rehabilitation center with a to her . The resident was .

Resident #2's health assessment, dated , listed diagnoses of , with , and the resident needed total care with all her ADLs.

A facility note, dated , indicated the resident returned to the facility. A wheelchair and a hospital bed was ordered for the resident. A physician's order, dated indicated Home Health Care for Physical/ , to evaluate the redness of the resident's heels.

An Advanced Registered Nurse Practitioner's note, dated , indicated the resident needed frequent changes in body positioning.

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

A facility note, dated , indicated the resident had a to her left , and to begin nursing services.

A Home Health Care (HHC) note, dated , indicated the left heel had black eschar with a small amount foul yellow , and was to be referred to the care . "Eschar is tissue that off (sheds) from healthy skin." (medlineplus.gov).

A facility note, dated , indicated the resident was to be seen by a skilled nurse for care. The type and location of the was not indicated.

A facility note, dated , indicated the resident was seen by a home health nurse for a left heel .

An ARNP note, dated , indicated the resident was seen at the request of the HHC nurse. According to the nurse, the had stable eschar that started to give away. Eschar was removed, and the was un-stageable because of the . "Eschar is tissue that off (sheds) from healthy skin." (medlineplus.gov).

A HHC note, dated , read, "The looks better, the black eschar is gone, , not suspected."

The resident's medical record did not contain any written evidence of a plan of care that documented the interventions/approaches the facility put in place for care of the redness to the left heel ( ) to keep the from progressing to an un-stageable , .

On at 10 AM, the Health and Wellness Director and the administrator offered no comment.

Class II

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility did to notify in writing each resident or/and the resident's legal representative within five business days upon final implementation of the emergency power plan (EPP) by the assisted living facility.

Findings:

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During review of the EPP on [redacted] ,the administrator provided a letter dated [redacted] where the residents/legal representatives were informed of the submission of the plan to review and approval. He said that he did not send out another letter informing the residents/legal representatives that the plan was approved on . He was not aware that a notice had to be send out.

Class