STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	05/08/2019
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

0000 - Initial Comments

A complaint investigation (#2019002094) was conducted at Allegro At Abacoa (The) on . . . . . .
The facility had a deficiency identified at the time of the investigation.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to ensure one and fifteen day adverse incident reports were completed and submitted to the Agency for 1 out of 3 sampled residents (Resident #2).

The findings included:

Review of a facility's incident report dated . . . . . revealed Resident #2 was pushed by another resident and at 8:45 AM in the dining room. The report documents that the resident complained of , and had an , taken. There was no additional information on the incident report to show the result of the , or of the facility's actions taken to prevent recurrence of the resident pushing other residents.

During interview with the Resident Services Director ( ) on . . . . . at 11:30 AM, she stated that the resident's representative was notified of the incident. During interview with the resident's representative at 11:40 AM on . . . . . , he stated that he "wasn't really sure what happened" and that the resident sustained a " vertabrae" as a result of the incident.

During interview with the Administrator and on at 1:00 PM, they stated that an adverse incident report (one or fifteen day) had not been completed for the resident's . . . . . The stated that the was possibly an old injury. There was no documentation on the facility's incident report to show that there was a . . . . , or that the . . . . was not a result of the pushing and subsequent on .

One and fifteen day adverse incident reports are to be completed for any incident which the facility personnel could exercise control rather than as a result of the resident's condition and results in a . A one day report is required to be submitted online within one business day. A fifteen day report must be completed within fifteen days of the incident. The facility provided no additional information for review at the time of the survey.

Class III