STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) and a Limited Nursing Service (LNS) monitoring visit was conducted at Southern Living of Titusville on . Deficiencies were identified at the time of the visit.

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

Based on observation, record review, and interviews, the facility failed to follow a health care provider's order for 1 of 1 sampled residents (#1) who received .

Findings:

The facility holds a LNS license.

On at 9 a.m. the administrator said there were no residents who received a LNS.

On at 9:05 a.m. resident #1 had an concentrator in her room. She said "I used it once quite a while ago. I have trouble getting my breath sometimes." She said the staff had to help her with the because she was .

Resident #1's record revealed a facility admission date of . Her current 1823 health assessment form, dated , indicated that her diagnoses included and she was legally .

A health care provider's order, dated , indicated that she was to use at 2 liters per minute via at bedtime.

The resident's record did not contain documentation to indicate that she was assisted with and used her at bedtime, as prescribed.

At 9:45 a.m. the administrator said the resident wore her only as needed and said the staff assisted her by applying and removing her .

At 10:10 a.m. the administrator said the resident refuses to wear her however, the record did not contain documentation to indicate she refused. Additionally, the administrator said the resident uses the only as needed and did not know the order was for the to be worn at bedtime.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	04/22/2019
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

Photographic evidence obtained.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of Florida health finder, record reviews, and interview, the facility failed to submit a consumer-friendly summary of its approved emergency power plan to the Agency.

Findings:

On at 9:30 a.m. a review of Florida health finder revealed only the implementation extension date of for the facility's emergency power plan was available for review and did not contain data that would be available on a consumer friendly summary submitted by the facility.

Review of the facility's approval letter from emergency management revealed the plan was approved on .

A request was made to review documented evidence to indicate the facility submitted a consumer friendly report to the Agency when its plan was approved. The administrator said she submitted the summary to the Agency just last week, a year and five months after the plan was approved.

Photographic evidence obtained.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC; 429.07 (3)(c)2, FS

Based on observation, record review, and interviews, the facility failed to ensure nursing progress notes were maintained and a nursing assessment was conducted at least monthly for 1 of 1 sampled residents (#1) who received a Limited Nursing Service (LNS.)

Findings:

The facility holds a LNS license.

On at 9 a.m. the administrator said there were no residents who received a LNS.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

On at 9:05 a.m. resident #1 had an concentrator in her room. She said "I used it once quite a while ago. I have trouble getting my breath sometimes." She said the staff had to help her with the because she was .

Resident #1's record revealed a facility admission date of . Her current 1823 health assessment form, dated , indicated that her diagnoses included and she was legally .

A health care provider's order, dated , indicated that she was to use at 2 liters per minute via at bedtime.

The resident's record did not contain nursing progress notes and monthly nursing assessments for the , which is an LNS.

At 9:45 a.m. the administrator said the resident wore her only as needed, said the staff assisted her by applying and removing her , confirmed progress notes and monthly assessments were not completed, and said she thought that because the resident received hospice services, the required documentation for the LNS was not needed.

Photographic evidence obtained.

Class III