| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968816** | **05/30/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SARAH HOUSE (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**30 FOREST CT**<br>**ORMOND BEACH, FL 32174** | |

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

**0000 - Initial Comments**

A complaint investigation (complaint number 2019003096) was conducted at Sarah House on , . The facility had deficiencies at the time of the survey.

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record reviews and interviews the facility failed to maintain a complete written record for one (1) (Resident #1) out of eight (8) residents reviewed.

The findings include:

A record review was conducted for Resident #1, who discharged from the facility 3 months prior to survey. There were no assessments, physician notes, progress notes, discharge information, physician orders, etc.

On at 12:06 PM an interview was conducted with Director of Operations/Administrator and she was asked if she had any more information for Resident #1 and she stated, "Not that I know of, but I will go ask her to double check."

On at 12:32 PM Operations Manager brought Resident #1's medication records for , checks for the month of and Physician Order Sheets (POS's) for and . She stated that is all she could find in regards to his file. She stated, "If I had anything else, it would be offsite in my storage unit, this is all I have got".

On at 1:21 PM an interview was conducted with Operations Manager and the Director of Operations, and they were once again asked for any and all information that they could give me on Resident #1, and they stated that they had given me everything.

Class III