Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11953584 | A. BUILDING: _____ B. WING _____ | R 05/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FOUNTAINS OF MELBOURNE | 4451 STACK BLVD MELBOURNE, FL 32901 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| {A 000} | Initial Comments<br><br>A revisit to complaint investigations #2022001418 & 2862 was conducted at Fountains of Melbourne on . The facility had an uncorrected deficiency at the time of the survey. | {A 000} | | |
| {A 025} SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule | {A 025} | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| {A 025} | Continued From page 1<br><br>59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on record reviews and interviews, the facility failed to follow a health care provider's order for 1 of 3 sampled residents (#9).<br><br>Findings:<br><br>Review of resident #9's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident's diagnoses included and . The 1823 indicated the resident was forgetful. | {A 025} | | |

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| {A 025} | Continued From page 2<br><br>The record contained a health care provider's order, dated , for Deterrent { } hose, on in the morning and off at bedtime. And, an order, dated , to change the resident's , cream to every bedtime routine and the , powder to as needed for complaints of an itchy .<br><br>Review of the resident's , medication observation record (MOR) revealed both the , cream and the powder were signed as being applied and the were signed as being removed on the evening of .<br><br>During an interview with resident #9's family member on at 11:34 a.m., the family member said the facility's staff did not apply the resident's , nor remove the resident's on the evening of .<br><br>During an interview with caregiver D, the staff who signed the MOR on for the , and , said that although she signed the MOR, she got busy helping another resident and forgot to go and ask the caregiver who gave the resident her shower whether the caregiver applied the , and removed the . Therefore, caregiver D did not know whether or not the orders were followed. Caregiver D said she believed that whoever gave the shower was responsible for applying the , and for removing the .<br><br>During an interview with caregiver E, the staff who was the shower aide on , said resident #9 refused both her shower and removal of the . Caregiver E said she did not apply the , .<br><br>Class III | {A 025} | | |

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