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
	AL11968567	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA LANDING	1279 HOUSTON ST MELBOURNE, FL 32935

(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
A 000	Initial Comments Two Complaint investigations #2022010053 and #2022010252 were conducted on [redacted] at Victoria Landing assisted Living Facility. Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	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 resident diets in accordance with Rule 59A-36.012, F.A.C. (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. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide adequate supervision and care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for . . and injuries for 1 of 2 sampled residents who experienced with injuries' (#2). Findings: On . . . a review of resident #2 record revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated . The 1823 indicated	A 025		

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A 025	Continued From page 2 her diagnoses included major [illegible] and major [illegible]. Her facility notes revealed the following. A note on [illegible] at 1:45pm documented resident #2 reported a [illegible] to staff with discomfort noted to her [illegible]. A note on [illegible] indicates resident said she [illegible] 3 times in her kitchen. The note documented resident may benefit from a call pendant. On [illegible] a facility note documented a [illegible] at 9:45am. On [illegible] a facility note documented resident #2 complained of [illegible] to her [illegible]. She did not go to breakfast. On [illegible] at 7:30am a facility note documented a [illegible] with no injuries observed. On [illegible] a facility note documented a [illegible] was ordered. The facility note did not reveal any documentation indicating refusal or that the [illegible] was completed as ordered. On [illegible] at 7:45am a facility note documented a [illegible]. Resident #2 hit her [illegible], had 2 [illegible], and a small [illegible] to both [illegible]. She complained of [illegible] to [illegible] and [illegible]. Care plan updated on [illegible] revealed resident was forgetful with [illegible] judgement. She had a safety risk factor which required one person supervision. (Risk factor not indicated). Her service plan also indicated she could walk independently. On [illegible] at 10:20am in an interview with the DON, she confirmed Resident #2 on [illegible]. They sent her to the hospital because she hit her [illegible]. The DON said resident #2 was discharged to a rehabilitation facility from the hospital.	A 025		

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A 025	Continued From page 3 On [redacted] at 3:05pm during an interview with the DON regarding resident #2, she confirmed there were no [redacted] results or documentation resident #2 refused the [redacted]. The DON also confirmed there was no documentation of a call pendant being offered to resident #2 after [redacted] on [redacted]. DON said resident family did not want it on admission, so they did not offer it again. Class III	A 025		