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
	AL11969380	A. BUILDING: _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS OF GULF BREEZE	50 JOACHIM DR GULF BREEZE, FL 32561

(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 An unannounced biennial licensure survey, which included a review of limited nursing services and a generator assessment, was conducted at Arbors of Gulf Breeze, an Assisted Living Facility in Gulf Breeze, FL, on - . A complaint survey was completed concurrent to this survey. Deficient practice was identified at the time of the survey.	A 000		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by:	A 033		

AHCA Form 3020-0001

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

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A 033	Continued From page 1 Based on observation, record review, and staff interview, the facility failed to develop and implement an appropriate care plan for 1 of 1 sampled residents with a physical (Resident #12). The care plan failed to include the maximum amount of time the resident was to have the applied each day and describe the frequency and process the staff would use to monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . The findings include: An observation of Resident #12 was conducted on at 3:00 PM. The resident was observed to be in her special wheelchair with a seat belt across her , and secured behind the chair. A review of Resident #12's record revealed a personalized service plan for the month of stating, "chair while up in chair." The service plan had no other instructions for staff regarding the use of the . The record also revealed a physician order dated for the chair stating, "seat belt for geri-chair while awake." No other instructions were included with the physician's order for the . An interview was conducted with the Director of Resident Services (DORS) on at 9:45 AM. The DORS stated she was not aware of the care plan requirement for the use of a physical in an assisted living facility. The facility policy for "Personalized Service Plans	A 033		

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A 033	Continued From page 2 (policy number 2.07 revised . . . .)" states, "...a resident admitted to the community should have a resident personalized service plan. Services and care that are required by the resident should be outlined in the service plan." Class III	A 033		