STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	**1700 Ne Indian River Drive Jensen Beach, FL 34957**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0027 - 58a-5.0182(3) Fac - Resident Care - Arrangement For Health Care S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial standard relicensure survey with Limited Nursing Services (LNS) was conducted on and Emeritus at Jensen Beach, had deficiencies found at the time of the visit.

This survey was conducted in conjunction with Complaint Inspections:
CCR# 2013001179 was cited at A025 and A027 herein
CCR# 2013003770 was cited at A152 on Revisit report, reference the separate report
CCR# 2013004016 was cited at A030, A056, A078, A093 and A162 herein

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure the Health Assessment (AHCA Form 1823) was accurate and complete for 2 of 13 records reviewed (Resident #2 and #30).

The findings include:

I. Review of Residents #2 and #30 conducted documented:

1. Review of Resident #2's file revealed an admission of . Review of the health assessment (AHCA Form 1823) dated revealed the section for type of medication assistance required (needs medication administration / assistance with self administration of medication) was blank. The facility had another health assessment (1823) completed on . This assessment documented

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	**1700 Ne Indian River Drive Jensen Beach, FL 34957**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the resident required medication administration.

During an interview with the spouse of the resident and the Resident Care Director on at approximately 12:19 PM revealed the Medication Technicians (Med techs) assist in giving the medications. The Director of Resident Care said the health assessment is wrong and they would need to get it corrected as the resident only requires assistance with medication administration.

2. Review of Resident #30's file revealed an admission date of . Review of the current health assessment dated revealed it was blank in the section for the type of assistance with self-administration of medication or administration of medication. Interview with the Resident Care Director on at approximately 12:35 AM confirmed the section was blank but the resident receives assistance from the Med Techs.

3. Review of Resident #27's health assessment revealed the document did not include the following components: date of examination; printed name of examiner; address of examiner; telephone number of examiner; title of examiner; diet to be provided; what level of assistance with medications is required; if there were any , 3, or 4 ; this document was not signed or dated as having been reviewed by the Administrator.

During Review of this health assessment for Resident #27, conducted with the Administrator and the Resident Care Director on at approximately 4:25 PM, they acknowledged that this document did not contain the above noted (required) components. The Resident Care Coordinator stated this was the current health assessment for Resident #27.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interviews, the facility failed to maintain an up-to-date record documenting, facility staff provided care and services appropriate to a resident's needs, for 1 of 13 sampled residents (Resident #1).

The findings include:

Review of Resident #1's record conducted on and revealed the following information. He was admitted to the facility on His health assessment (AHCA Form 1823) documented pertinent diagnoses including , a number of conditions, unsteady gait and balance, and need for precautions. A facility Level of Care Assessment Form dated

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

identified similar issues and the resident's non-compliance with safety issues. Written communications between the resident's health care provider and health benefit provider documented escalation in the resident's agitated, combative behavior, and the need for provision of one-on-one caregiver supervision and assistance. Further review of facility records and Resident #1's record revealed no documentation showing staff monitored, assessed, acted on the health care provider's identification of the resident's needs and/or provided care and services as required.

In an interview conducted at 4:10 PM, the Administrator and Resident Care Director stated this was all the records available related to Resident #1 and no further documentation was available for review.

Class III

0027-Resident Care - Arrangement for Health Care 58A-5.0182(3) FAC
Based on record review and interviews, the facility failed to ensure a resident was assisted with access to needed health care for 1 out of 13 sampled residents (Resident #1).

The findings include:

Review of Resident #1's record conducted on revealed a written health care provider's order dated that called for "[home health care skilled nurse] to assess and evaluate process, provide education to caregiver and family".

Further review of the resident's record revealed no documentation showing facility staff obtained the ordered services. Review of his record revealed no resident observation notes, documentation from a home health care nurse, or other evidence to show facility attempted to/or helped Resident #1 access needed health care services.

This was discussed with and acknowledged by the Administrator on at 4:10 PM.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interviews, the facility failed to ensure unlicensed staff members who assist residents with self-administration of medications followed required standards of practice, for three of nine sampled residents (Resident #8, #9, #10 and #11). Unlicensed staff did not read the medication labels to the residents prior to assisting the residents with self-administration of the medications.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Medication systems review was conducted on . . . . . The following observations were made:

1. At 9:28 AM, Employee I was observed to assist Resident #8 with self-administration of . . . . . , MAPAP, ... , and . . . . . During the observation, she did not read the medication labels or tell the resident what medications she was about to receive.

2. At 12:32 PM, Employee G was observed to assist Resident #9 with self-administration of and MAPAP. During the observation, she did not read the medication labels to or tell the resident what medications she was about to receive.

3. At 12:40 PM, Employee H was observed to assist Resident #10 with self-administration. She assisted Resident #10 with self-administration of and Carbodopa. During the observation, she did not read the medication labels to or tell the resident what medications he was about to receive. She then assisted Resident #11 with self-administration of ; she did not read the medication label to or tell the resident what medication he was about to receive.

This was discussed with and acknowledged by the Administrator and Resident Care Director, a Licensed Practical Nurse, on . . . . . at 4:10 PM.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on interviews and record review, the facility failed to ensure a medication observation records (MORs) were accurate for 1 out of 9 sampled residents (Resident #8).

The findings include:

Medications review for Resident #8 was conducted on . . . . . at 9:45 AM with the Administrator and Resident Care Director (RCD), a Licensed Practical Nurse, present. They acknowledged the following concerns identified during the review:

1. The 2013 medication observation record (MOR) documented an order for 0.5 milligrams (MG) at bedtime. Employee A initialed on as though the resident received a dose in the morning also (MOR signed in AM and PM). There was no indication that it was an error; there was no comment or explanation written on the reverse side of the MOR, or elsewhere in the resident's record.

2. An order on the 2013 MOR called for 75 MG daily. It was determined the medication had run out after she took her . . . . . dose. The dose for . . . . . was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

initialed and circled by Employee I, she documented "on order, not given" on the reverse side of the MOR. The dose for was initialed as given by Employee A although it was determined it was not available to be given. The dose was not circled like the others, there was no comment or explanation on the reverse side of the MOR. The dose for was initialed and circled by Employee I, she documented "on order, not given" on the reverse side of the MOR.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, interviews and record review, the facility failed to ensure instructions for taking medications were not changed without first obtaining a new written health care provider order for one of nine sampled Residents (#8); and failed to ensure medications for residents who receive assistance with self-administration of medications were filled or re-filled in a timely manner for five of nine sampled Residents (#8, 24, 25, 26 and 28).

The findings include:

Review of facility medication systems was conducted and the following concerns were identified:

1) On at 9:28 AM, Employee I, an unlicensed staff member, was observed assisting Resident #8 with self-administration of her medications. Observations included:

A. She gave the resident one tablet of ER 10 milliequivalent. Review of the resident's 2013 medication observation record (MOR) revealed no matching written health care provider order. Her and 2013 MORs documented orders dated for 10 milligrams (MG) daily. When asked where the was, Employee I presented the container of she then looked through the medication cart for found none, and initialed the entry on the MOR as though the resident had received it when the resident had actually received Further review of Resident #8's record revealed a health care provider's order for dated and no order for Please note use of has been discontinued in the United States.

B. Resident #8's 2013 MOR documented an order dated for 75 MG daily for Employee I stated it was ordered but had not arrived; she had no for the resident at this time. When asked how many doses have been missed so far, she answered two doses. Further review of her 2013 revealed staff initials were circled on the and doses, comments on the reverse side of the MOR documented "on order, not given". However, the dose scheduled for was initialed as though received by the resident even though it was not available to be given, and there was no corresponding comment or explanation on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	**1700 Ne Indian River Drive Jensen Beach, FL 34957**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the reverse side of the MOR.

C. Further review of Resident #8's and 2013 MORs documented the following missed doses and staff comments written on the reverse sides of the MORs:
i. and on and were "not available, not given"
ii. on and were "not in stock, on order"
iii. on was "med not given, no refills"

There was no documentation in Resident #8's record showing clarification of the order, and no documentation showing staff made every reasonable effort to ensure medications were filled or refilled in a timely manner. These concerns were discussed with and acknowledged by the Administrator and Resident Care Director, a Licensed Practical Nurse, on at 9:45 AM.

2) During confidential employee interview (CEI) with CEI #1, a staff member that provides assistance with the self-administration of medications, conducted on she was asked if residents ever run out of medications. She replied that since 2013, she is aware of 2 residents that have run out of medications (she stated that one was a new medication that did not arrive). She could not remember the specific names of these residents.

a) Review of Resident #24's 2013 MOR reflected this resident's 5mg to be provided at 9:00 AM was on order and not given on and This was documented as a routine medication originally prescribed on

b) Review of Resident #24's 2013 MOR reflected this resident's Sucralfate 1gm to be provided 4 times daily was ordered on and not given. This was documented as a routine medication that was originally prescribed on

c) Review of Resident #25's 2013 MOR reflected this resident's 20mg to be provided at 9:00 AM and 5:00 PM was on order on and and not given. This was documented as a routine medication that was originally prescribed on

d) Review of Resident #25's 2013 MOR reflected this resident's DS to be provided at 9:00 PM was on order on and and was not given. This was documented as a medication to be provided daily at 9:00 PM and was originally prescribed on

e) Review of Resident #26's 2013 MOR reflected this resident's 0.25mg to be provided at 9:00 AM & 5:00 PM was unavailable and not given on This was documented as a routine medication that was originally prescribed on

f) Review of Resident #26's 2013 MOR reflected this resident's 20mg to be provided at 7:00 PM was on order on and not given. This was documented as a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	**1700 Ne Indian River Drive Jensen Beach, FL 34957**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

routine medication that was originally prescribed on

g) Review of Resident #28's 2013 MOR reflected this resident's 50mg to be provided at 5:00 PM was on order on and was not given. This was documented as a routine medication that was originally prescribed on

h) During review of the above noted MORs for Residents #24; #25; #26 and #28, conducted with the Administrator on beginning at approximately 10:50 AM, she acknowledged the documentation reflected these medications had not been provided as prescribed by each resident's health care provider.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview, the facility failed to have newly hired staff submit a statement from a health care provider, based on an examination conducted with the last 6 months, that the person does not have any signs or symptoms of a communicable including , for 2 out of 6 sampled employee files reviewed (Employee D and Employee F).

The findings include:

During employee record review on written statements from a health care provider verifying the employee is free from signs and symptoms of communicable including could not be found in the employee records for Employees D (date of hire was and Employee F (date of hire was

During interview with Business Office Director and Human Resources Representative (BOD) at 3:15 PM, she was informed of the missing documentation for Employees D and F, she was provided the opportunity to provide the missing health statements. The BOD was unable to provide evidence of compliance prior to time of exit.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and staff interview, the facility's food service designee failed to obtain a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility, for 1 out of 1 employee record reviewed (Employee F).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

During employee record review on a certificate of completion for a 2 hour Continuing Education Training in Nutrition and Food Service for Assisted Living Facilities (ALFs) by a Registered Dietitian or other qualified party, could not be located in Employee F's personnel file. Employee F's date of hire is .

During interview with Business Office Director at 3:15 PM, she was informed of the missing documentation and provided the opportunity to locate the missing training certificate for Employee F. The Business Office Director spoke with the Dining Service Director regarding the 2 hour continuing education training in nutrition and food service for ALFs; neither the Dining Service Director or the Business Office Director was unable to provide evidence of compliance prior to the time of exit.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, interviews and record review, it was determined the facility failed to provide therapeutic diets as physician order, for 1 out of 2 sampled residents (Resident #26).

The findings include:

During entrance conference conducted with the Administrator on , beginning at approximately 9:15 AM, the Team Coordinator identified Resident #26 as receiving a pureed diet. There were 2 residents on the memory care unit that were identified as receiving a puree diet.

During dining observations conducted on the Memory Care Unit on at approximately 11:50 AM, Resident #26 was served spaghetti and salad. The salad was chopped into small pieces and the spaghetti noodles were chopped into small pieces and then a red sauce with small pieces of meat was placed on top of the chopped noodles. Employee H served this resident and began to unwrap the plate with this chopped diet. She was asked if that was what she was going to feed this resident. She acknowledged that it was. She was asked if this resident was to be served a puree diet. She stated "This is the puree diet because it is in the smallest pieces". She was informed that this was not a puree texture diet. This caregiver stated this resident usually gets a puree diet. She then proceeded to call the kitchen and request a puree diet for this resident.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The puree spaghetti was delivered to Resident #26 on . . . . . at approximately 12:07 PM. Employee H acknowledged that only spaghetti was provided. The caregiver was asked what this resident is served for dessert. She stated that this resident receives pudding or yogurt for desert on a daily basis. All of the other residents present in the memory care unit dining . . . served a brownie with whipped cream.

During subsequent interview with the Director of Memory Care, conducted on . . . . . at approximately 12:15 PM, she was informed of the above noted observation and interview. She acknowledged that the residents that receive a puree diet should receive the same foods as the other residents receive, just in puree texture. She acknowledged that Resident #26 should have received a pureed brownie for dessert.

During review of Resident #26's chart with the Director of Memory Care, conducted on . . . . . at approximately 3:55 PM, she was provided the opportunity to locate a diet order that reflected puree for this resident. She was unable to locate this documentation. This health assessment, dated noted "pureed solids; nectar thick liquids 2-2013" this was crossed out and was initialed. The Special Diet Instructions (section B) indicated regular diet. The Director of Memory Care was asked to clarify what diet Resident #26 is to be receiving. She stated that she would check the dietary book, downstairs.

During subsequent interview with the Administrator and the Resident Care Director, on . . . . . at approximately 4:20 PM, the above noted lunch observations, interviews, and health assessment was reviewed. The Resident Care Director stated she would obtain clarification related to the appropriate diet order for Resident #26.

On . . . . . at approximately 8:30 AM, the Administrator provided a copy of a physician's telephone order, dated , reflecting puree diet for Resident #26.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview, the facility failed to ensure it maintained evidence of weights being recorded at least semi-annually, for 2 out of 9 sampled resident (Resident #2 and #30) records reviewed. This affected residents #2 and #30; and did not ensure an interdisciplinary care plan was maintained for residents receiving hospice services, for 1 out of 1 residents reviews receiving hospice services (Resident #26) and failed to ensure a current diet order was maintained for 1 of 2 residents observed on the memory care unit related to therapeutic diets (Resident #26).

The findings include:

A)

1. Review of Resident #2's file revealed an admission date of . . . . . A history of weights was requested of the Resident Care Director, as there were no weights documented within the record. On . . . . . at approximately 11:33 AM, she said there is no documentation of weights recorded twice a year. The Resident Care Director then reviewed a binder and there was one weight documented in 2011, documented for '10 ' as 144 pounds. There were no weights documented for the year 2012. There was a weight documented in the binder on . . . . . ' as 139 pounds.

The Resident Care Director said she believes she and the Administrator were placed here to clean up the place and they are both new to the facility.

2. Review of Resident #30's file revealed an admission date of . . . . . There were no weights documented within the record. Review of the weight history provided in a binder by the Resident Care Director revealed there was one documented weight for the year 2012 (in 2012 as being 144 pounds). The first documented weight in 2013 was on . . . . . (documented as 125 pounds). Interview with the Resident Care Director revealed she could not locate another weight. The weights were reviewed with her. She said the facility only records weights twice a year and not monthly.

3. During record review and interview with the Director of Memory Care, conducted on . . . . . at approximately 3:00 PM, the Hospice Case Conference Summary, dated . . . . . was reviewed. This document reflected Resident #26 started receiving hospice services on . . . . . The Director of Memory Care was asked to locate an integrated plan of care for hospice services that outlines what services the facility is to provide for Resident #26 and what services hospice is to provide for Resident #26 which was approved by the facility. She was not able to locate this documentation. She was not aware of an integrated plan of care for residents receiving hospice services.

During subsequent interview with the Administrator and the Resident Care Director, conducted on . . . . . at approximately 4:20 PM, the Administrator provided a blank form entitled "Collaborative

Service Plan". She stated that this community does not currently utilize this document for residents receiving hospice services. She stated it is the company's expectation that this form is utilized for all residents receiving hospice services. She stated one would be developed for Resident #26.

B)

1. During entrance conference conducted with the Administrator on beginning at approximately 9:15 AM, the Team Coordinator asked her to identify residents that receive a therapeutic diet. There were 2 residents on the memory care unit that were identified as receiving a puree diet.

2. During dining observation conducted on the Memory Care Unit on at approximately 11:50 AM, Resident #26 was served spaghetti and salad. The salad was chopped into small pieces and the spaghetti noodles were chopped into small pieces and then a red sauce with small pieces of meat was placed on top of the chopped noodles. Employee H served this resident and began to unwrap the plate with this chopped diet. She was asked if that was what she was going to feed this resident. She acknowledged that it was. She was asked if this resident was to be served a puree diet. She stated "This is the puree diet because it is in the smallest pieces". She was informed that this was not a puree texture diet. This caregiver stated this resident usually gets a puree diet. She then proceeded to call the kitchen and request a puree diet for this resident.The puree spaghetti was delivered to Resident #26 on at approximately 12:07 PM.

3. During review of Resident #26's chart with the Director of Memory Care, conducted on at approximately 3:55 PM, she was provided the opportunity to locate a diet order that reflected puree for this resident. She was unable to locate this documentation. This health assessment, dated noted "pureed solids; nectar thick liquids 2-2013" this was crossed out and was initialed. The Special Diet Instructions (section B) indicated regular diet. The Director of Memory Care was asked to clarify what diet Resident #26 is to be receiving. She stated that she would check the dietary book, downstairs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Jensen Beach	1700 Ne Indian River Drive Jensen Beach, FL 34957	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

4. During subsequent interview with the Administrator and the Resident Care Director, on at approximately 4:20 PM, the above noted lunch observations, interviews and health assessment was reviewed. The Resident Care Director stated she would obtain clarification related to the appropriate diet order for Resident #26.

On at approximately 8:30 AM, the Administrator provided a copy of a physician's telephone order, dated reflecting puree diet for Resident #26.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on employee record review and staff interview, the facility failed to conduct a current Level 2 background screening, for 1 out of 5 employee records reviewed (Employee A).

The findings include:

During personnel record review, a Level II background screening was found for Employee A with an eligible date of The employee's job application showed there had been a lapse in employment that exceeded 90 days. No current, valid Level II Background Screening was available for Employee A (Hire Date of

During interview with Business Office Manager at 12:50 PM, she revealed she had not run a current background screening for Employee A. The Business Office Manager verified there had been a lapse in employment exceeding 90 days per the documentation in the Employee's personnel file.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

Re: CCR #2013001179, #2013004016, Relicensure
and Revisit CCR #2013003770

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 18 - 22, 2013 by representatives from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924