STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	11/01/2013
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 - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint inspection survey (CCR#2013011404) was conducted on [redacted] and [redacted] Emeritus at Jensen Beach, had a deficiency found at the time of the survey.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to file State-required adverse incident reports for 1 of 3 sampled Residents (#3); the reports were not filed after a resident who required supervision with ambulation left the facility for a walk unsupervised, received a head injury, and [redacted]

The findings include:

Review of facility records and Resident #3's record conducted [redacted] documented he was admitted to the facility on [redacted] his AHCA Form 1823 (medical examination) was certified by a Health Care Provider (HCP) in [redacted] 2011 and documented a prior [redacted] with multiple soft tissue injuries and [redacted] The section titled Activities of Daily Living (ADLs) disclosed " supervise during ambulation". The section titled " Services offered or arranged by the facility for the resident" was left blank and there was no other documentation of a service or care plan for Resident #3 showing the facility identified the resident's need for supervision while ambulating, the specific service facility staff would provide related to that resident need, the frequency and duration of the service to be provided, and by whom the service would be provided.

Facility Service Notes and an Event Management form dated [redacted] documented the facility was contacted on [redacted] by a hospital; Resident #3 had been found lying in the road (0.8 miles from the facility) and had suffered injuries to his head. Resident #3 [redacted] in the hospital on [redacted] It was also noted that Law Enforcement was involved in this incident.

In interviews conducted during a [redacted] inspection, multiple facility staff stated Resident #3 was allowed to come and go as he pleased and they would see him walking outside or smoking cigarettes outside regularly. During the various staff interviews, no staff confirmed he was supervised with ambulation. In an interview with Resident #3's family member and Health Care Surrogate conducted [redacted] she confirmed he had an unsteady gait and was allowed to come and go as he pleased. In an interview with the Administrator and Resident Care Director conducted [redacted] both acknowledged Resident #3 was admitted with a primary diagnosis of " [redacted] with multiple deep tissue injuries" and the requirement of " supervision during ambulation", his history of [redacted] during his stay at the facility, and

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the lack of a specific care plan relating to the resident's requirement for supervision with ambulation, citing neither of them worked at this facility when the resident was admitted and set up for care in 2011.

In an interview conducted 11/1/13 at 11:26 AM, the facility Administrator stated she had not filed adverse incident reports for this incident because of the amount of time that had passed since the incident. She acknowledged he required supervision with ambulation which was not provided by facility staff, suffered an injury on during a walk, and subsequently

Class III

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 #2013011404

Dear Administrator:

This letter reports the findings of a State Licensure Complaint Survey that was conducted on , 2013 by a representative 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

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