STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964787	12/31/2014
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)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR#2014010268, was conducted on ... at Emeritus at Jensen Beach. The facility had no deficiencies found at the time of the visit related to this complaint. The facility had an unrelated deficiency identified at the time of this visit.

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record review, it was determined the facility failed to contact the resident's family when a significant change was exhibited by 2 of 3 sampled residents (Resident #1 and Resident #3) specifically related to sores on the skin.

The findings include:

1) Resident #1's health assessment (1823 form), dated ... indicated diagnoses of non ... ... and history of ... This resident's cognition is noted as ... with some agitation and she resides in the memory care unit of this facility.

During interview and record review with the HWD (Health and Wellness Director), conducted on ... beginning at approximately 12:30 PM, she stated that this resident had a ... that had developed on her ... recently. The HWD was provided the opportunity to locate any documentation related to this ... She was not able to locate any documentation within the resident's record about the development of a ... on her ... The HWD (Health and Wellness Director) stated it should be in an Event Management Report. She was provided the opportunity to locate that documentation and she stated she was not able to locate any Event Management Report for this resident related to the development of a ... on her ... She was asked where the facility would document when the physician and family was notified of the development of this ... She stated it should have at least been on an Event Management Report, which she confirmed she could not locate. She stated she could not find any facility documentation related to the development of this ... or the notification to the

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physician or the family (notes from ... were reviewed and the last note was ... The HWD stated she thought this ... developed around ... when other concerns were addressed with this resident's family such as weight loss and recent ... She confirmed that there was no documentation to reflect the ... was discussed at this time.

2) Resident #3's most recent health assessment, dated ... indicated diagnoses of ... chronic ... and difficulty walking. Her cognition was noted as significant ... and memory loss. Resident #3's health assessment reflects she requires assistance with all activities of daily living (i.e. dressing; bathing; ... ambulation; and transfers). This resident resided in the memory care unit of this facility until the ... discharge.

During interview and record review with the HWD, conducted on ... beginning at 3:10 PM, she was provided the opportunity to locate any documentation to reflect this resident's family was notified of the following noted skin conditions:

a) ... physician's telephone order noted ... powder to be applied below ... twice daily for 10 days. The faxed request to the physician for the use of the ... powder, dated ... reflected ... under both ... There was no documentation the family was notified of this skin condition that required treatment.

b) ... nurse's note indicated crème for under ... and skilled nursing seeing.

c) ... nurse's note reflected chronic but healing under ...

d) ... nurse's note indicated resident noted with ... under ... primary care physician notified for treatment.

e) ... nurse's note reflected new order received for Lotrisone cream to apply under ... to ... daily for 2 weeks.

f) ... nurse's note indicated presents with redness in pelvic fold; primary care physician notified.

g) ... nurse's note reflected new order to apply Lotrisone cream to pelvic area until resolved.

h) ... nurse's note indicated resident has new ... on left ... fax for new order.

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The HWD was not able to find any notes on this resident's record or any Event Management Reports that indicate anything related to the above noted skin conditions having been reported to this residents family (responsible party/POA). She could not provide an explanation as to why this was not documented. She stated she has identified some concerns with documentation that she is currently working on putting systems in place to make improvements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2014010268

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on
31, 2014 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 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 Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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

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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida