STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	09/21/2017
NAME OF PROVIDER OR SUPPLIER **MJ PAVILLION INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **728 SOUTH ENDEAVOR DR** **WINTER SPRINGS, FL 32708**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

The annual Monitoring visit was conducted on . MJ Pavillion Inc., License #12252, had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record review and interview, the administrator did not take into consideration the information provided on the resident health assessment form (1823) and admitted 1 of 2 sampled residents who required total care with activities of daily living, and had a communicable which exceeded the admission criteria for an Assisted Living Facility (#2).

Findings:

Resident #2 record revealed he was admitted into hospice on and was admitted to the facility on . A resident health assessment form 1823 dated noted diagnosis that included with bodies, and failure. " with bodies (DLB) is a type of that worsens over time." (wikipedia.org).

The health care provider noted the resident had a communicable , , which could be transmitted to other residents and staff, and required total care with ambulation, dressing, bathing, toileting and , which exceeded the Assisted Living Facility (ALF) admission requirements. The health care provider noted resident #2 had a left heel , . " is a that causes a painful . Although can occur anywhere on your body, it most often appears as a single stripe of that wraps around either the left or the right side of your torso.... is caused by the -...."

is caused by the -

A hospice physician order noted on , " left chest, back (area draining heavily and shirt and chair soaked) 1-cleanse. 2. small amount of ointment to to prevent 2nd ."

Observations on at 10 AM revealed resident #2 in bed and could not provide an interview due to his ,

Resident #2's hospice record noted the resident received hospice services while he was a resident at another ALF. A hospice interdisciplinary plan was not found in his record or the hospice record to indicate the responsibility of the ALF and the hospice for providing the care the resident required at the

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new facility.

On at 12:15 PM, the administrator said resident #2 was total care and did have at admission. She said he had hospice care at the time of admission and thought it was alright to admit him. She said she was not aware that he if did not meet the admission criteria, he could not be admitted even though he had hospice services.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, resident record and interview the facility admitted a resident who exceeded the Assisted Living Facility (ALF))admission criteria and had no evidence to confirm the staff were able to provide adequate care and services appropriate to meet the needs of 1 of 2 sampled residents (#2) through proactive measures/interventions to prevent a from worsening.

Findings:

On at 9:45 AM, staff A said resident #2 had a to his left heel.

Resident #2's record revealed he was started receiving hospice care on , and was admitted to the facility on from another ALF. A resident health assessment form 1823, dated , noted diagnoses of with bodies, and failure. The health care provider noted the resident had a communicable , which could be transmitted to other residents and staff, and required total care with ambulation, dressing, bathing, toileting and , which exceeded the ALF admission requirements. The health care provider noted resident #2 had a left heel .

The resident's record and hospice record did not contain any documentation regarding the measurements of the and the interventions/care that facility had in place to prevent the from worsening.

Observations on at 10 AM revealed resident #2 in bed. He could not provide an interview due to his .

The hospice agency was called and the following documentation was provided:
, a nursing updated comprehensive assessment form noted " to left heal cleansed...[dressing] in place, 75% ."

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, a nursing updated comprehensive assessment form noted " to left heal treatment provided today."
, a nursing updated comprehensive assessment form noted "Left heal measurements 3.5 centimeters (cm.) by 3 cm., 75% /fibrin, 75% , patient has left heal injury which is slowly making progress."
, a nurse visit summary form noted " care provided to left heel."
, a nursing updated comprehensive assessment form noted " to left heel-dressing change to left heel which make slow progress."
, a nurse visit summary noted " care completed to left heel 50% /fibrin, 50% . Left heel making progress, area noted with granulating tissue and yellow fibrin tissue."
, a supplemental interdisciplinary note reflected " care provided to left heel area making slow improvement."
, a nursing updated comprehensive assessment form noted " left heel same size, 60% /fibrin and 40% . Treatment provided to heel. Area remain the same this week. Treatment in place per MD (medical doctor) order."
, a nurse visit summary noted " care provided to the left heel, dressing change which make slow progress, area has changed. Larger, treatment continue per MD order."
, a nursing updated comprehensive assessment form noted "The left heel was now a , measuring 3 x 3.5. Left heel currently larger in size. More yellowish tissue to center of bed with some white tissue around edge, current treatment will remain. 80% /fibrin, 20 % . Instruct facility staff to position heels/float. Facility staff verbalized understanding of plan of care."
, a nursing updated comprehensive assessment form noted "The left heel was now unstageable and measured 2.0 x 2.5, 90% , 10% ."

On at 11:15 AM, resident #2 was in bed with a cover on his left foot with a heal protector. His foot was not elevated as required.

On at 11:20 AM via telephone, the hospice nurse said she only visited the resident once. She said the to the left heel was unstageable. The hospice staff were going to be having a team meeting to discuss the plan. She said they wanted the heal on a pillow and informed the staff of this, however it would be hard to do because of the resident moving in the bed and would not keep his foot on the pillow. She said they were talking about ordering an air .

There were no facility notes found in the record that indicated staff were taking proactive measures/interventions to prevent the , from worsening.

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On at 11:45 AM, staff A said the hospice staff told her there was no change in the . She was not aware the had worsened. She said they would reposition the resident in bed and place his foot and the pillow but he would move it.

On at 12:15 PM, the administrator said she was not aware the had worsened.

Class II

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the The Agency for Health Care Administration's (AHCA) Background Screening Website and interview, the facility did not initiate all criminal history checks through the clearinghouse before employment.

Findings:

Observations on at 9:15 AM revealed Staff A and Staff B were working with the residents.

Review of AHCA's Background Screening Website on at 12:30 PM revealed Staff A and B was not listed. Further review of the background screening website revealed the employees were only listed under the other facility that the administrator owned.

On at 12: 45 PM, the administrator said the employees were added to the facility's roster and she did not understand why they were listed under her other facility.

Unclassified

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

Based on the Agency for Health Care Administration's (AHCA) background screening website and interview, the facility failed to ensure that 1 of 2 sampled staff was in compliance with background screening requirements (B).

Findings:

Review of AHCA's Background Screening website on at 12:30 PM revealed that "Agency review required" for staff B. There were no results to determine if staff B was eligible to work at the facility. Staff B was hired on .

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Staff A provided a copy of the Level II screening results that were located in staff B 's personnel record. The results revealed there was no indication on the form that staff B was eligible to work for a facility licensed by AHCA. The results were for Department of Children and Families (DCF) and the Agency for Persons with . . . . . (APD).

On at 12:45 PM, the administrator said she was not aware that AHCA review was required for staff B.

Unclassified