STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965789	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **TERRACE COMMUNITIES TEQUESTA ,**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 NORTH US ONE TEQUESTA, FL 33469**	

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

0000 - Initial Comments

Unannounced licensure complaint surveys, CCR#2017015042, CCR#2017015315, and CCR#2017015740 were conducted on , 2018 and , and 18th, 2018 at Terrace Communities Tequesta, LLC, License #10124. The facility had a deficiency identified at the time of the investigation.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to ensure one and fifteen day Adverse Incident Reports were completed for 1 out of 3 sampled residents (Resident #1).

The findings included:

On at 1:15 PM, the facility's Observation Notes document that Resident #1 was "in the TV ...resident stood up out of chair lost balance and came down on ...sent to ER (emergency)". The notes dated show that the resident has a possible left hip ".

During interview with the Administrator on at 1:30 PM, he stated an Adverse Incident Report (one or fifteen day) had not been completed for the resident's hip. There was no incident report/documentation completed to show the facility's investigation, including interviews with staff, a description of the circumstances, and to determine the possible cause of the injury with interventions to prevent reoccurence. The Administrator stated during interview, at this time, that he does not know what caused the resident's with a .

The facility failed to file an Adverse Incident Report (one and 15 day) with the Agency for the sustained by Resident #1 on . The facility provided no additional documentation for review at this time.

Class III