STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	03/11/2019
NAME OF PROVIDER OR SUPPLIER **BARTRAM LAKES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6209 BROOKS BARTRAM DR BLDG 200** **JACKSONVILLE, FL 32258**	

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

0000 - Initial Comments

On , , through , an Extended Congregate Care monitoring survey and an Emergency Power Plan (EPP) monitoring survey was conducted at Bartram Lakes Assisted Living Facility. Deficient practice was identified during the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on facility document review and staff interview the facility failed to ensure one sampled resident (#1) was listed on the admission/discharge log and the resident's condition of presence of , .

The findings include:

Review of the facility admission/discharge log revealed it did not include Resident #1 or the resident's condition of presence of a , (Photo evidence).

During an interview with Employee B, Admissions Coordinator on at 3:05 PM, she stated that she did not know why Resident #1 was not on the admission/discharge log and that the log needed to reflect who had the condition of , . She stated she would need to add him.

Class III

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on clinical record review and staff interview the facility failed to ensure the required Health Assessment (Agency for Health Care Administration form 1823) was complete and accurate for three of three residents. (Residents #1, #2, and #3).

The findings include:

Review of the Health Assessment dated for Resident #1 revealed on page two that the resident was assessed as not having a , . Section B on page four was blank. Page five was blank (Photo evidence obtained).

Review of the Health Assessment (not dated) for Resident #2 revealed the form was not complete on page four, section 2-B, B to indicate if the individual required assistance with medication administration.

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Page five was blank (Photo evidence obtained).

Review of the Health Assessment (not dated) for Resident #3 revealed the form was not complete at the tops of pages two, three, four and five. The resident's name was not on the page. Page five was blank. (Photo evidence obtained).

During an interview with Employee B on at 4:25pm, she acknowledged that the health assessment forms were not complete.

During an interview with the administrator on at 3:35 pm, she stated she was unaware that the health assessment forms were incomplete. She explained she was the ECC supervisor, but had only recently taken on the responsibility.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on clinical record review and staff interview and facility policy and procedure review the facility failed to ensure the third party provider for one resident out of three sampled residents had coordinated care and documented in the facility clinical record. (Resident #1).

The findings include:

Review of the clinical record for Resident #1 revealed the Health Assessment dated read: " healing ( )" (Photo evidence obtained). Page 2 of the assessment indicated the resident did not have a .

Review of the electronic medical record revealed a nursing note dated 12:34 that read "This nurse noticed redness and two opens on residents , 1st 2 cm open and pink, 2nd 1 cm open and pink. Resident c/o slight , when sitting to area, no noticeable drainage or odor noticed. Daughter made aware and left message for physician." No other progress notes were found regarding the , . No care plan was found regarding the , . (Photo evidence obtained)

Review of the clinical record for Resident #1 revealed no care notes by the Home Health (HH) agency providing care to the resident.

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During an interview with Employee A, LPN on at 1:20 pm she stated there are no records in the chart for Resident #1 by the HH agency. She stated they do not leave notes unless the facility requests them. She indicated that the facility has not ever requested them. She was asked to call the provider and request them.

During an interview with the care nurse for the home health agency on at 11:13 am, he stated that just recently he has started documenting in the chart. He was not sure what the facility policy and procedure states about documenting. He has documented on the resident in his paper chart for the past week or so. He was told there was no electronic record. He has not ever left any electronic notes at the facility. He tries to give a verbal report to the nurse on duty every time he is in the building.

Review of the HH agency care provider record report the facility requested from the provider on the day of the survey dated from through revealed the details for each visit. The resident was seen on , . (Photo evidence obtained)

Review of the facility policy and procedure Third Party Services revealed it read: The administrator of the facility is responsible for determining that the residents receiving services remains appropriate for continued resident in the facility. Therefore the Third Party Provider must comply with the following policy related to the delivery of services: 1. Third Party Provider must present a copy of the Interdisciplinary Care Plan initiated at time of initial screening to the Administrator for review and placed in the resident's file. 6. All providers are required to enter Progress Notes at the time of the service in the resident's file. (Photo evidence obtained)

Class III

E204 - ECC - Admissions & Continued Residency - 429.26(10); 429.07(3)b ; 58A-5.030(4)

Based on resident interview, facility document review, staff interview and policy and procedure review the facility failed to discharge one resident (#1) out of three sampled residents for Extended Congregate Care (ECC) services when the facility was provided documentation that the resident's , was a .

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The findings include:

During an interview with Resident #1 on [redacted] at 12:30 PM he stated he does have a [redacted] on his bottom. It is not painful all of the time but sometimes it [redacted] when he is sitting down. He gets up and walks around when it starts [redacted]. He stated the [redacted] is getting worse. A nurse from a home health agency provides the [redacted] care. She used to come twice a week but comes three times a week now.

Review of the clinical record revealed physician's progress notes dated [redacted], [redacted] and [redacted]. The physician documented a handwritten note on each form that read: [redacted], [redacted] (Photographic evidence obtained).

During an interview with the [redacted] care nurse for the home health agency on [redacted] at 11:13 am, he stated Resident #1's [redacted] has improved greatly. It is almost closed. He has been treating the resident since the [redacted] re-opened in [redacted]. He was aware that the [redacted] had been closed-that he had a previous [redacted]. He did not know the [redacted] care doctor the resident had previous to moving into the facility had staged the [redacted] as a [redacted]. When the home health agency started providing [redacted] care on [redacted], the [redacted] was the size of a [redacted].

During an interview with the administrator on [redacted] at 3:35 pm, she stated that she is the interim ECC supervisor. She stated that Resident #1 was admitted with a [redacted], [redacted]. She reviewed the [redacted] care progress notes and confirmed that the [redacted] had not improved in 30 days. She was informed that the [redacted] was originally staged as a [redacted] by the physician that treated Resident #1 at the SNF next door in [redacted]. She was shown the physician's progress notes which were in Resident #1's record. When she reviewed them she stated "I know [the physician]. He works next door at the SNF."

She stated "We just went by the [health assessment] when he was admitted". She confirmed that Resident #1 had been admitted from the nursing home next door of which she is the administrator. She stated she was not aware of the physician's progress notes dated [redacted] in the resident's chart. She agreed that once the [redacted] was staged at a [redacted] that it would always be considered a [redacted] if it re-opened as it had in [redacted], [redacted] and [redacted]. She stated she understood that residents cannot be admitted to ALFs with [redacted] or higher, [redacted]. She acknowledged that

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Resident #1 should not have been re-admitted with a [illegible].

Review of the facility policy and procedure ECC: Admission Criteria, effective [illegible] revealed it read: Criteria for admission and/or continued residency will be established by assessing the resident's needs as follows: 8. Not have any [illegible] or 4 [illegible].
Review of the facility policy and procedure ECC: Continued Residency, effective revealed it read: Continued residency criteria will be the same as the criteria for admission in the ECC program.

Class III