

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION



FLORIDA

Part 1

ALTAMONTE SPRINGS to MIAMI



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

87/88

RA997
.M43
1988
Florida
Pt. 1

Table of Contents

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

FLORIDA

Part 1

ALTAMONTE SPRINGS TO MIAMI

**Otis R. Bowen, M.D.
Secretary**

U.S. Department of Health & Human Services

**William L. Roper, M.D.
Administrator
Health Care Financing Administration**

MEDICARE/MEDICAID
NURSING HOME INFORMATION

1987-1988

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

William L. Roper, M.D.
Administrator
Health Care Financing Administration

Table of Contents

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service


Washington, D.C. 20201

	Page
Introduction	I
Uses and Limitations	II
Description of the Survey and Certification Process	IV
Sources of Information	V
Further Considerations	XVI
Glossary of Terms	XIX
How to Read the Information	XXI
Nursing Home Profiles	1

The primary purpose of this information is to provide a solid basis for further informed action. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state certification programs and comparable information on individual nursing homes.

When properly understood and used, this information is most useful. If not used or misread, it is misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on use and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source of information will be better prepared to make their own decisions on nursing home care. We hope that as a result, they will make more informed and free choices.


William J. Ryan, M.D.
Assistant Secretary



INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



Overview of Nursing Home Licensure Program

The Office of Licensure and Certification (OLC) of the State of Florida, Department of Health and Rehabilitative Services (DHRS) uniformly administers statewide programs under applicable laws, rules, standards, and codes by licensing, certifying, registering or permitting of facilities, persons, or enterprises providing health care, personal care, public usage, or for consumer protection toward protecting the health and safety of individuals and their families.

As adjuncts to the nursing home licensure process, OLC also performs requisite licensure surveys; oversees plans review and construction requirements; maintains a nursing home rating system; prepares administrative complaints; imposes sanctions, responds to complaints from the general public, and all other activities ancillary to licensure requirements.

For all facilities applying for original licensure, the Office of Licensure and Certification conducts on-site surveys of compliance with both Federal and State guidelines. For those facilities wishing to participate in the Medicare and Medicaid programs, these surveys encompass the program certification requirements.

For those facilities wishing to renew their annual operating license and recertification, unannounced annual on-site surveys are performed toward the end of the licensure and certification year (usually 90 days prior) for which a license has been granted.

Nursing home licensure requirements for both initial and renewal licenses are found in Chapter 400, F.S. and Chapter 10D-29, F.A.C. In addition to information concerning ownership and fiscal matters; staffing and consultants; activities program; and patient care and life-safety code requirements, these requirements also cover: patient's personal funds and property; patient's rights and personal affairs; prohibition against bribes and kickbacks; administration and management; maintenance and availability of records; and various punitive sanctions.

2727 MAHAN DRIVE • TALLAHASSEE, FLORIDA 32308

OLC functions are performed out of four Area Offices located as follows:

1. Jacksonville Area Office
P. O. Box 210
Jacksonville, FL 32231
904/359-6046
2. Winter Park Area Office
1350 Orange Avenue, Suite III
Winter Park, FL 32789
407/647-7010
3. Tampa Area Office
7827 N. Dale Mabry Highway
Tampa, FL 33614
813/272-3440
4. Miami Area Office
401 N.W. 2nd Ave.,, North Tower, Rm 526
Miami, FL 33128
305/377-7100

The Director and support staff are located in the Central Office Director, Office of Licensure & Certification, 2727 Mahan Drive, Tallahassee, FL 32309, (904) 487-2527 and maintain line authority over the four Area Office Supervisors. Central Office serves in a supervisory and consultative roles to the Area Offices, whose staff performs the actual site visits to license and certify Nursing Homes. Staff performs surveys; follow-ups; rating evaluations; consultative and educational visits; and complaint investigations; their findings and recommendations are sent through their Supervisor to the Director for approval and appropriate action.

Overview of Enforcement System

The Office of Licensure & Certification has punitive powers for noncompliance with statutes, rules and regulations in the form of sanctions as follows:

1. Denial of License-Chapter 400.121, Florida Statutes
2. Suspension of License-Chapter 400.121, Florida Statutes
3. Revocation of License-Chapter 400.121, Florida Statutes
4. Moratorium on Admissions-Chapter 400.121, Florida Statutes
5. Administrative Fines-Chapter 400.121, Florida Statutes
6. Injunctive Proceedings-Chapter 400.125, Florida Statutes
7. Receivership Proceedings-Chapter 400.126, Florida Statutes

Note: The Application of administrative sanctions is subject to Chapter 120, Florida Statutes (Administrative Procedures Act), whereby each licensee must receive reasonable notice, and be given an adequate opportunity to request a fair hearing.

Facilities found not in compliance during inspections are issued deficiency statements and such deficiencies are classified in accordance with Florida Statutes. Class I Deficiencies, those which are an immediate threat to life and/or safety of residents, are the most serious and require immediate action. Class II Deficiencies are those which pose a clear and imminent danger to safety and well-being; these require correction within a short time frame, usually to a maximum of two weeks. Class III Deficiencies are those which pose no clear or imminent danger to safety and well-being, either direct or potential; these require correction usually within a maximum of 30 days.

As a result of the licensure inspections and during the pre-exit interview and exit interviews, the State directs that the problem be corrected within the stated time frame. The actual methodology of correction is left to the provider. The emphasis is on the outcome of the correction effort; i.e., the correction of the problem.

At the follow-up visit, only those cited items are reexamined to determine compliance. An exit interview is held during which the

facility is told whether it has achieved compliance or not and is advised of the consequences of any noncompliance. Any uncorrected State deficiencies are then recommended for sanctions. The civil penalty that is imposed may vary from a minimum of \$100.00 to a maximum of \$5,000.00.

At this time, the rating (Superior, Standard, Conditional) will be adjusted to reflect the findings of the follow-up survey, and a rating recommendation will be sent to Central Office for processing. The facility will be notified whether their rating will remain the same or be changed. Any change will result in the issuance of a changed license. Full appeal rights for any rating change or licensure follow-up visits are available to the facility upon request.

Class I deficiencies, those posing an imminent danger to residents or guests of the Nursing Home, shall be reported to the Administrator immediately upon discovery and must be abated immediately. A fixed time frame for correction may be granted (dependent upon the severity and threat to health, safety, and welfare) by the Department. Civil penalties of not less than \$1,000.00 nor more than \$5,000.00 for each deficiency may be levied, even though the deficiencies are corrected.

Class II deficiencies, those having a direct or immediate relationship to the health, safety, or security of the residents and are not Class I, shall be reported to the Administrator during or upon completion of the survey and must be corrected within a mandated time frame. If corrected within the mandated time, no civil penalty is imposed (unless a repeat offense); if uncorrected, a civil penalty of not less than \$500.00 nor more than \$1,000.00 (for each deficiency) may be levied.

Class III deficiencies, those having an indirect or potential relationship to the health, safety, or security of the residents and are not Class I or II, shall be reported to the Administrator during or upon completion of the survey and must be corrected within a mandated time frame. If corrected within the mandated time, no civil penalty is imposed (unless a repeat offense); if uncorrected, a civil penalty of not less than \$100.00 nor more than \$500.00 (for each deficiency) may be levied.

Resources Available to Consumers

- State survey offices in Jacksonville, Winter Park, Tampa and Miami, previously listed. State Health Department located in each of Florida's 67 counties may be located by contacting the HRS Deputy Assistant Secretary for Health, 1317 Winewood Blvd., Bldg. 1, Tallahassee, FL 32399, (904) 487-2705.
- Resident advocate council, State Long-Term Care Ombudsman Counsel, 1317 Winewood Blvd., Room 308, Tallahassee, FL 32399, (904) 488-6190.
- Nursing Home Complaint "hot line" number 1-800-342-9152 (24 hr. toll free for Abuse of the Elderly).
- Medicaid Fraud & Abuse (Program Integrity), state office (904) 487-2355, routinely monitor providers through utilization and peer review process as well as surveillance. Initiates investigations based on outcomes of program monitoring and/or complaints received.
- Nursing home survey results may be obtained from OLC licensure offices in Jacksonville, Winter Park, Tampa and Miami as previously listed.
- Aging & Adult Services, state office (904) 488-8922, Intake offices are located throughout the state in each HRS District and Sub-District. Clients are screened for eligibility (medical & financial), through the Adult Payments Office or CARES unit, and are placed with appropriate community social programs inclusive of skilled nursing facilities.
- Other state programs related to nursing home quality of care include Medicaid Inspection of Care (IOC) Program, Deputy Assistant Secretary for Medicaid, 1317 Winewood Blvd., Bldg. 6, Room 242, Tallahassee, FL 32399, (904) 488-9990.
- For nursing home cost related problems, Hospital Cost Containment Board, 325 John Knox Road, Bldg. L, Suite 101, Tallahassee, FL 32303, (904) 488-1295.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

<h2 style="margin: 0;">NURSING HOME PROFILE</h2> <h3 style="margin: 0;">Happy Valley Nursing Home</h3>			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: <i>A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.</i>		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: <i>These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.</i>	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1 — Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE LIFE CARE CENTER OF ALTAMONTE SPRINGS

Street Address: 989 ORIENTA AV		City and State: ALTAMONTE SPRINGS FL 32701	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 227	Medicare Residents: 3	Medicaid Residents: 152	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	173	76.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	185	81.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	159	70.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	77.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	73.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	5.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	95	41.9	36.9	37.7
Completely bedfast residents.	13	5.7	3.0	3.4
Residents confined to chairs.	106	46.7	49.3	50.8
Residents requiring restraints.	125	55.1	40.4	41.3
Confused or disoriented residents.	159	70.0	61.2	58.4
Residents with bed sores.	15	6.6	7.0	7.1
Residents receiving special skin care.	99	43.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEVIEW TERRACE CHRISTIAN RET COMM

Street Address: 110 LODGE TERRACE		City and State: ALTOONA FL 32702	
Participation: MEDICAID SNF/ICF	# of Beds: 20	Type of Ownership: PROPRIETARY	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 3
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	64.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	100	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	76.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	82.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	64.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	41.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	3	17.6	49.3	50.8
Residents requiring restraints.	5	29.4	40.4	41.3
Confused or disoriented residents.	4	23.5	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	3	17.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE
APALACHICOLA HEALTH CARE CENTER**

Street Address: 150 10TH ST		City and State: APALACHICOLA FL 32320	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 51
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	82.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	76.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	66.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	76.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	85.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	33.9	36.9	37.7
Completely bedfast residents.	1	1.8	3.0	3.4
Residents confined to chairs.	28	50.0	49.3	50.8
Residents requiring restraints.	16	28.6	40.4	41.3
Confused or disoriented residents.	18	32.1	61.2	58.4
Residents with bed sores.	3	5.4	7.0	7.1
Residents receiving special skin care.	56	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FL LIVING NURSING CENTER

Street Address: 3355 E SEMORAN BLVD		City and State: APOPKA FL 32703	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 47		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	46.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	76.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	68.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	64.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	54.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	42.6	36.9	37.7
Completely bedfast residents.	8	7.9	3.0	3.4
Residents confined to chairs.	54	53.5	49.3	50.8
Residents requiring restraints.	35	34.7	40.4	41.3
Confused or disoriented residents.	75	74.3	61.2	58.4
Residents with bed sores.	3	3.0	7.0	7.1
Residents receiving special skin care.	5	5.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DESOTO MANOR NH

Street Address: 1002 NORTH BREVARD		City and State: ARCADIA FL 33821	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 0	Medicaid Residents: 69	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	97.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	55	76.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	65.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	68.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	73.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	34.7	36.9	37.7
Completely bedfast residents.	1	1.4	3.0	3.4
Residents confined to chairs.	46	63.9	49.3	50.8
Residents requiring restraints.	42	58.3	40.4	41.3
Confused or disoriented residents.	42	58.3	61.2	58.4
Residents with bed sores.	5	6.9	7.0	7.1
Residents receiving special skin care.	15	20.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL PARK LODGE NURSING CENTER

Street Address: 919 OLD WINTER HAVEN RD		City and State: AUBURNDALE FL 33823	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 70	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	51.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	83.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	78.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	80.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	71.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	45.1	36.9	37.7
Completely bedfast residents.	4	3.5	3.0	3.4
Residents confined to chairs.	55	48.7	49.3	50.8
Residents requiring restraints.	53	46.9	40.4	41.3
Confused or disoriented residents.	74	65.5	61.2	58.4
Residents with bed sores.	12	10.6	7.0	7.1
Residents receiving special skin care.	31	27.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE
HILLCREST NH**

Street Address: 1281 STRATFORD RD		City and State: AVON PARK FL 33825	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 1	Medicaid Residents: 57	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	96.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	92.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	92.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	87.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	87.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	42.7	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	40	44.9	49.3	50.8
Residents requiring restraints.	26	29.2	40.4	41.3
Confused or disoriented residents.	57	64.0	61.2	58.4
Residents with bed sores.	9	10.1	7.0	7.1
Residents receiving special skin care.	4	4.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARTOW CONVALESCENT CENTER

Street Address: 2055 E GEORGIA ST		City and State: BARTOW FL 33830	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 97
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	85.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.3	36.9	37.7
Completely bedfast residents.	6	5.0	3.0	3.4
Residents confined to chairs.	59	49.6	49.3	50.8
Residents requiring restraints.	50	42.0	40.4	41.3
Confused or disoriented residents.	80	67.2	61.2	58.4
Residents with bed sores.	11	9.2	7.0	7.1
Residents receiving special skin care.	13	10.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ROHR HOME

Street Address: 2010 E GEORGIA ST		City and State: BARTOW FL 33830	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 42
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	96.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	96.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	84.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	79.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	40.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	38	64.4	49.3	50.8
Residents requiring restraints.	15	25.4	40.4	41.3
Confused or disoriented residents.	50	84.7	61.2	58.4
Residents with bed sores.	3	5.1	7.0	7.1
Residents receiving special skin care.	16	27.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APALACHICOLA VALLEY NURSING CENTER

Street Address: 1510 CROZIER STREET		City and State: BLOUNTSTOWN FL 32424	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 103		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	97.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	21.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	75.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	70.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	64.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	42.5	36.9	37.7
Completely bedfast residents.	4	3.3	3.0	3.4
Residents confined to chairs.	76	63.3	49.3	50.8
Residents requiring restraints.	56	46.7	40.4	41.3
Confused or disoriented residents.	92	76.7	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	20	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOCA RATON CONVALESCENT CENTER

Street Address: 755 MEADOWS RD		City and State: BOCA RATON FL 33432	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 1	Medicaid Residents: 63
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	76.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	88.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	79.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	79.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	43.6	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	44	37.6	49.3	50.8
Residents requiring restraints.	30	25.6	40.4	41.3
Confused or disoriented residents.	54	46.2	61.2	58.4
Residents with bed sores.	9	7.7	7.0	7.1
Residents receiving special skin care.	6	5.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDGEWATER POINTE ESTATES MEDICAL FAC

Street Address: 23305 BLUE WATER CIRCLE		City and State: BOCA RATON FL 33433	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 3	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	88.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	88.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	88.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	52.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	8	13.6	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	24	40.7	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF BOCA RATON

Street Address: 375 NW 51ST ST		City and State: BOCA RATON FL 33431	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 14	Medicaid Residents: 30
-------------------------------------------------	----------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	90.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	87.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	77.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	82.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	75.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	62.2	36.9	37.7
Completely bedfast residents.	9	8.1	3.0	3.4
Residents confined to chairs.	28	25.2	49.3	50.8
Residents requiring restraints.	24	21.6	40.4	41.3
Confused or disoriented residents.	54	48.6	61.2	58.4
Residents with bed sores.	11	9.9	7.0	7.1
Residents receiving special skin care.	37	33.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWBROOK MANOR OF BOCA COVE

Street Address: 1130 NW 15TH ST		City and State: BOCA RATON FL 33486	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	0	57		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	80.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	81.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	75.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	71.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	69.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	34.8	36.9	37.7
Completely bedfast residents.	8	7.1	3.0	3.4
Residents confined to chairs.	42	37.5	49.3	50.8
Residents requiring restraints.	27	24.1	40.4	41.3
Confused or disoriented residents.	34	30.4	61.2	58.4
Residents with bed sores.	10	8.9	7.0	7.1
Residents receiving special skin care.	6	5.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENTS PARK

Street Address: 6363 VERDE TRAIL		City and State: BOCA RATON FL 33433	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 7	Medicaid Residents: 15
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	90.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	93.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	87.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	84.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	67.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	9.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	30.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	35	32.1	49.3	50.8
Residents requiring restraints.	32	29.4	40.4	41.3
Confused or disoriented residents.	58	53.2	61.2	58.4
Residents with bed sores.	10	9.2	7.0	7.1
Residents receiving special skin care.	44	40.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANDREWS ESTATES MEDICAL CENTER

Street Address: 6152 NORTH VERDE TRAIL		City and State: BOCA RATON FL 33433	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 1	Medicaid Residents: 8
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	97.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	95.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	88.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	62.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	71	60.7	49.3	50.8
Residents requiring restraints.	10	8.5	40.4	41.3
Confused or disoriented residents.	99	84.6	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	4	3.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE FOUNTAINS

Street Address: 3800 N FEDERAL HIGHWAY		City and State: BOCA RATON FL 33431	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 5
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	89.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	97.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	78.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	73.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	10.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	31.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	10	26.3	49.3	50.8
Residents requiring restraints.	24	63.2	40.4	41.3
Confused or disoriented residents.	27	71.1	61.2	58.4
Residents with bed sores.	2	5.3	7.0	7.1
Residents receiving special skin care.	5	13.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITEHALL BOCA

Street Address: 7300 DEL PRADO SOUTH		City and State: BOCA RATON FL 33433	
Participation: MEDICARE SNF	# of Beds: 69	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	100	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	100	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	94.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	100	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	46.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	21	30.4	49.3	50.8
Residents requiring restraints.	45	65.2	40.4	41.3
Confused or disoriented residents.	61	88.4	61.2	58.4
Residents with bed sores.	10	14.5	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BONIFAY NH

Street Address: 306 W BROCK AV		City and State: BONIFAY FL 32425	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 53	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	86.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	91.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	80.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	86.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	86.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	83.3	36.9	37.7
Completely bedfast residents.	13	21.7	3.0	3.4
Residents confined to chairs.	27	45.0	49.3	50.8
Residents requiring restraints.	30	50.0	40.4	41.3
Confused or disoriented residents.	47	78.3	61.2	58.4
Residents with bed sores.	1	1.7	7.0	7.1
Residents receiving special skin care.	15	25.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOULEVARD MANOR NH

Street Address: 2839 S SEACREST BLVD		City and State: BOYNTON BEACH FL 33435	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 3	Medicaid Residents: 19
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	76.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	89.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	88.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	81.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	81.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	47.6	36.9	37.7
Completely bedfast residents.	7	6.8	3.0	3.4
Residents confined to chairs.	51	49.5	49.3	50.8
Residents requiring restraints.	60	58.3	40.4	41.3
Confused or disoriented residents.	68	66.0	61.2	58.4
Residents with bed sores.	8	7.8	7.0	7.1
Residents receiving special skin care.	19	18.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF BOYNTON BEACH

Street Address: 3001 SOUTH CONGRESS BLVD		City and State: BOYNTON BEACH FL 33435	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 5	Medicaid Residents: 28
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	62.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	86.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	85.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	40.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.5	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	42	36.2	49.3	50.8
Residents requiring restraints.	46	39.7	40.4	41.3
Confused or disoriented residents.	47	40.5	61.2	58.4
Residents with bed sores.	5	4.3	7.0	7.1
Residents receiving special skin care.	48	41.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRADENTON CONVALESCENT CTR

Street Address: 105 15TH ST EAST		City and State: BRADENTON FL 33508	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 0	Medicaid Residents: 73		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	84.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	88	85.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	79.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	62.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	64	62.1	49.3	50.8
Residents requiring restraints.	46	44.7	40.4	41.3
Confused or disoriented residents.	47	45.6	61.2	58.4
Residents with bed sores.	16	15.5	7.0	7.1
Residents receiving special skin care.	25	24.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRADENTON MANOR

Street Address: 1700 21ST AV W		City and State: BRADENTON FL 33505	
Participation: MEDICAID SNF/ICF	# of Beds: 59	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	77.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	88.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	87.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	83.3	75.8	77.2
Continance				
Residents with catheters or partial or total loss of bowel or bladder control.	48	88.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	50.0	36.9	37.7
Completely bedfast residents.	1	1.9	3.0	3.4
Residents confined to chairs.	15	27.8	49.3	50.8
Residents requiring restraints.	32	59.3	40.4	41.3
Confused or disoriented residents.	31	57.4	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	14	25.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEDOM CARE PAVILION

Street Address: 1902 59TH ST W		City and State: BRADENTON FL 33505	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 222	Medicare Residents: 17	Medicaid Residents: 84		
-------------------------------------------------	----------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	60.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	217	97.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	204	91.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	184	82.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	180	81.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	5.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	25.7	36.9	37.7
Completely bedfast residents.	12	5.4	3.0	3.4
Residents confined to chairs.	167	75.2	49.3	50.8
Residents requiring restraints.	133	59.9	40.4	41.3
Confused or disoriented residents.	102	45.9	61.2	58.4
Residents with bed sores.	7	3.2	7.0	7.1
Residents receiving special skin care.	41	18.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENBRIAR NURSING CENTER

Street Address: 210 21TH AVE W		City and State: BRADENTON FL 33505	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 3	Medicaid Residents: 33
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	70.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	89.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	82.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	61.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	52.6	36.9	37.7
Completely bedfast residents.	3	5.3	3.0	3.4
Residents confined to chairs.	39	68.4	49.3	50.8
Residents requiring restraints.	21	36.8	40.4	41.3
Confused or disoriented residents.	28	49.1	61.2	58.4
Residents with bed sores.	4	7.0	7.0	7.1
Residents receiving special skin care.	17	29.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE PARK OF BRADENTON

Street Address: 2302 59TH STREET WEST		City and State: BRADENTON FL 33529	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 5	Medicaid Residents: 25
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	87.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	93	98.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	91.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	90.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	81.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	57	60.6	49.3	50.8
Residents requiring restraints.	31	33.0	40.4	41.3
Confused or disoriented residents.	56	59.6	61.2	58.4
Residents with bed sores.	18	19.1	7.0	7.1
Residents receiving special skin care.	22	23.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANATEE CONVALESCENT CENTER

Street Address: 302 MANATEE AVE		City and State: BRADENTON FL 33505	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 147	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	Medicare Residents: 1	Medicaid Residents: 111
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	73.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	83.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	65.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	75.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	68.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	18.2	36.9	37.7
Completely bedfast residents.	5	3.6	3.0	3.4
Residents confined to chairs.	79	57.7	49.3	50.8
Residents requiring restraints.	56	40.9	40.4	41.3
Confused or disoriented residents.	80	58.4	61.2	58.4
Residents with bed sores.	7	5.1	7.0	7.1
Residents receiving special skin care.	21	15.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIPLEX REHAB BRADENTON

Street Address: 5627 9TH ST E		City and State: BRADENTON FL 33507	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 14
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	93.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	93.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	97.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	93.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	27.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	88.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	40	90.9	49.3	50.8
Residents requiring restraints.	20	45.5	40.4	41.3
Confused or disoriented residents.	32	72.7	61.2	58.4
Residents with bed sores.	3	6.8	7.0	7.1
Residents receiving special skin care.	13	29.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNCOAST MANOR NH

Street Address: 2010 MANATEE AVE E		City and State: BRADENTON FL 33508	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 208	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 199	Medicare Residents: 0	Medicaid Residents: 68
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	80.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	163	81.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	142	71.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	73.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	154	77.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	17	8.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	24.6	36.9	37.7
Completely bedfast residents.	3	1.5	3.0	3.4
Residents confined to chairs.	136	68.3	49.3	50.8
Residents requiring restraints.	79	39.7	40.4	41.3
Confused or disoriented residents.	149	74.9	61.2	58.4
Residents with bed sores.	15	7.5	7.0	7.1
Residents receiving special skin care.	57	28.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE VILLAGE AT BRANDON NURSING CENTER

Street Address: 701 VICTORIA STREET		City and State: BRANDON FL 33511	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 1	Medicaid Residents: 36
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	91.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	93.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	93.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	78.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	56.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	7.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.1	36.9	37.7
Completely bedfast residents.	5	4.5	3.0	3.4
Residents confined to chairs.	81	73.6	49.3	50.8
Residents requiring restraints.	55	50.0	40.4	41.3
Confused or disoriented residents.	47	42.7	61.2	58.4
Residents with bed sores.	5	4.5	7.0	7.1
Residents receiving special skin care.	13	11.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKSVILLE NURSING MANOR

Street Address: 1114 CHATMAN BLVD		City and State: BROOKSVILLE FL 33512	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	Medicare Residents: 2	Medicaid Residents: 110
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	90.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	80.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	70.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	77.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	53.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	4.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	42.9	36.9	37.7
Completely bedfast residents.	1	0.6	3.0	3.4
Residents confined to chairs.	109	70.8	49.3	50.8
Residents requiring restraints.	41	26.6	40.4	41.3
Confused or disoriented residents.	84	54.5	61.2	58.4
Residents with bed sores.	7	4.5	7.0	7.1
Residents receiving special skin care.	77	50.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTBROOK HEALTH CARE CENTER

Street Address: 10295 N HOWELL AVENUE		City and State: BROOKSVILLE FL 33512	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 5	Medicaid Residents: 81
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	90.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	80.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	69.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	67.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	6.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	27.3	36.9	37.7
Completely bedfast residents.	2	1.8	3.0	3.4
Residents confined to chairs.	58	52.7	49.3	50.8
Residents requiring restraints.	58	52.7	40.4	41.3
Confused or disoriented residents.	69	62.7	61.2	58.4
Residents with bed sores.	7	6.4	7.0	7.1
Residents receiving special skin care.	34	30.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEARTLAND OF BROOKSVILLE

Street Address: 575 LAMAR AVE P O BOX 1178		City and State: BROOKSVILLE FL 34605	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	Medicare Residents: 0	Medicaid Residents: 0
-----------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	25.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	75.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	2	50.0	49.3	50.8
Residents requiring restraints.	1	25.0	40.4	41.3
Confused or disoriented residents.	2	50.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	2	50.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWBROOK MANOR OF FLAGLER

Street Address: 300 SOUTH LEMON STREET		City and State: BUNNELL FL 32010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 2	Medicaid Residents: 40
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	77.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	84.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	74.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	90.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	43.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	63.6	36.9	37.7
Completely bedfast residents.	2	3.0	3.0	3.4
Residents confined to chairs.	29	43.9	49.3	50.8
Residents requiring restraints.	10	15.2	40.4	41.3
Confused or disoriented residents.	41	62.1	61.2	58.4
Residents with bed sores.	8	12.1	7.0	7.1
Residents receiving special skin care.	36	54.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAPE CORAL NURSING PAVILION

Street Address: 2629 DEL PRADO BLVD		City and State: CAPE CORAL FL 33904	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 8	Medicaid Residents: 48
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	96.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	90.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	89.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	86.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	81.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	67.9	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	66	58.9	49.3	50.8
Residents requiring restraints.	63	56.3	40.4	41.3
Confused or disoriented residents.	63	56.3	61.2	58.4
Residents with bed sores.	10	8.9	7.0	7.1
Residents receiving special skin care.	35	31.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORAL TRACE MANOR

Street Address: 216 SANTA BARBARA BLVD		City and State: CAPE CORAL FL 33991	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 2	Medicaid Residents: 12
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	64.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	27	96.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	27	96.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	71.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	10.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	14.3	36.9	37.7
Completely bedfast residents.	2	7.1	3.0	3.4
Residents confined to chairs.	22	78.6	49.3	50.8
Residents requiring restraints.	8	28.6	40.4	41.3
Confused or disoriented residents.	15	53.6	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	28	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FL STATE HOSPITAL

Street Address: BUILDING 247		City and State: CHATTAHOOCHEE FL 32324	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 303	Type of Ownership: STATE GOVERNMENT	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 68	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	92.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	98.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	80.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	85.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	89.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	22	16.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	61.5	36.9	37.7
Completely bedfast residents.	15	11.1	3.0	3.4
Residents confined to chairs.	74	54.8	49.3	50.8
Residents requiring restraints.	100	74.1	40.4	41.3
Confused or disoriented residents.	134	99.3	61.2	58.4
Residents with bed sores.	5	3.7	7.0	7.1
Residents receiving special skin care.	51	37.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON CO CONVALESCENT CENTER

Street Address: 805 USERY RD		City and State: CHIPLEY FL 32428	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	Medicare Residents: 0	Medicaid Residents: 144	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	89.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	137	86.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	77.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	74.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	76.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	93	58.5	36.9	37.7
Completely bedfast residents.	2	1.3	3.0	3.4
Residents confined to chairs.	79	49.7	49.3	50.8
Residents requiring restraints.	106	66.7	40.4	41.3
Confused or disoriented residents.	104	65.4	61.2	58.4
Residents with bed sores.	13	8.2	7.0	7.1
Residents receiving special skin care.	93	58.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLEAIR EAST HEALTH CARE CENTER

Street Address: 1150 PONCE DE LEON BLVD		City and State: CLEARWATER FL 33516	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 7
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	98.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	94.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	85.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	58.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	32.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	50	44.6	49.3	50.8
Residents requiring restraints.	45	40.2	40.4	41.3
Confused or disoriented residents.	60	53.6	61.2	58.4
Residents with bed sores.	14	12.5	7.0	7.1
Residents receiving special skin care.	64	57.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHAMY GARDENS

Street Address: 2055 PALMETTO STREET		City and State: CLEARWATER FL 33575	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 90
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	98.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	82.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	91.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	91.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	77.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	40.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	91	81.3	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	107	95.5	61.2	58.4
Residents with bed sores.	3	2.7	7.0	7.1
Residents receiving special skin care.	107	95.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEARWATER CONVALESCENT CENTER

Street Address: 1270 TURNER ST		City and State: CLEARWATER FL 33516	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 72	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	96.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	92.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	91.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	53.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	91.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	40.0	36.9	37.7
Completely bedfast residents.	8	7.0	3.0	3.4
Residents confined to chairs.	58	50.4	49.3	50.8
Residents requiring restraints.	55	47.8	40.4	41.3
Confused or disoriented residents.	92	80.0	61.2	58.4
Residents with bed sores.	13	11.3	7.0	7.1
Residents receiving special skin care.	6	5.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DREW VILLAGE NURSING CENTER

Street Address: 401 FAIRWOOD AVE		City and State: CLEARWATER FL 33519	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 11	Medicaid Residents: 67		
-------------------------------------------------	----------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	80.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	84.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	88.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	84.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	65.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	7.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	34.0	36.9	37.7
Completely bedfast residents.	2	1.9	3.0	3.4
Residents confined to chairs.	77	72.6	49.3	50.8
Residents requiring restraints.	32	30.2	40.4	41.3
Confused or disoriented residents.	42	39.6	61.2	58.4
Residents with bed sores.	5	4.7	7.0	7.1
Residents receiving special skin care.	30	28.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRUID HILLS SKILLED NURSING COMMUNITY

Street Address: 905 S HIGHLAND AV		City and State: CLEARWATER FL 33516	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 103	Type of Ownership: PROPRIETARY	Survey Date: 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 9	Medicaid Residents: 6
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	69.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	62	78.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	73.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	81.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	51.9	36.9	37.7
Completely bedfast residents.	3	3.8	3.0	3.4
Residents confined to chairs.	65	82.3	49.3	50.8
Residents requiring restraints.	40	50.6	40.4	41.3
Confused or disoriented residents.	55	69.6	61.2	58.4
Residents with bed sores.	12	15.2	7.0	7.1
Residents receiving special skin care.	20	25.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND PINES NURSING MANOR

Street Address: 1111 S HIGHLAND AV		City and State: CLEARWATER FL 33516	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 20
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	64.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	84.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	73.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	41.9	49.3	50.8
Residents requiring restraints.	30	25.6	40.4	41.3
Confused or disoriented residents.	77	65.8	61.2	58.4
Residents with bed sores.	8	6.8	7.0	7.1
Residents receiving special skin care.	16	13.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORTON F PLANT REHAB NURSING CTR

Street Address: 1250 S FT HARRISON AV		City and State: CLEARWATER FL 33516	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 126	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 35	Medicaid Residents: 6	
-------------------------------------------------	----------------------------------	---------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	80.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	118	99.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	109	91.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	96.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	73.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	42.0	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	63	52.9	49.3	50.8
Residents requiring restraints.	45	37.8	40.4	41.3
Confused or disoriented residents.	42	35.3	61.2	58.4
Residents with bed sores.	6	5.0	7.0	7.1
Residents receiving special skin care.	54	45.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK BLUFFS NURSING CENTER

Street Address: 420 BAY AVE		City and State: CLEARWATER FL 33516	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 2	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	98.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	55	96.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	94.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	89.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	43	75.4	49.3	50.8
Residents requiring restraints.	27	47.4	40.4	41.3
Confused or disoriented residents.	35	61.4	61.2	58.4
Residents with bed sores.	2	3.5	7.0	7.1
Residents receiving special skin care.	2	3.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK COVE HEALTH CENTER

Street Address: 210 S OSCEOLA AVE		City and State: CLEARWATER FL 33516	
Participation: MEDICARE SNF	# of Beds: 56	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	86.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	86.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	74.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	65.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	18.6	36.9	37.7
Completely bedfast residents.	2	4.7	3.0	3.4
Residents confined to chairs.	14	32.6	49.3	50.8
Residents requiring restraints.	15	34.9	40.4	41.3
Confused or disoriented residents.	22	51.2	61.2	58.4
Residents with bed sores.	3	7.0	7.0	7.1
Residents receiving special skin care.	13	30.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GARDEN CLEARWATER

Street Address: 3480 MCMULLEN BOOTH RD		City and State: CLEARWATER FL 33519	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 3	Medicaid Residents: 16
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	59.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	34	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	34	87.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	71.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.2	36.9	37.7
Completely bedfast residents.	2	5.1	3.0	3.4
Residents confined to chairs.	9	23.1	49.3	50.8
Residents requiring restraints.	13	33.3	40.4	41.3
Confused or disoriented residents.	18	46.2	61.2	58.4
Residents with bed sores.	10	25.6	7.0	7.1
Residents receiving special skin care.	16	41.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET POINT NURSING CENTER

Street Address: 1980 SUNSET POINT ROAD		City and State: CLEARWATER FL 33515	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 50		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	87.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	76.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	82.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	74.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	35.7	36.9	37.7
Completely bedfast residents.	3	2.6	3.0	3.4
Residents confined to chairs.	85	73.9	49.3	50.8
Residents requiring restraints.	85	73.9	40.4	41.3
Confused or disoriented residents.	92	80.0	61.2	58.4
Residents with bed sores.	8	7.0	7.0	7.1
Residents receiving special skin care.	90	78.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE HIGHLANDS RETIREMENT HOME & NSG

Street Address: 151 E MINNEHAHA AV		City and State: CLERMONT FL 32711	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 0	Medicaid Residents: 78		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	77.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	87.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	85.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	66.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	63.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	26.4	36.9	37.7
Completely bedfast residents.	3	2.4	3.0	3.4
Residents confined to chairs.	50	40.0	49.3	50.8
Residents requiring restraints.	37	29.6	40.4	41.3
Confused or disoriented residents.	77	61.6	61.2	58.4
Residents with bed sores.	3	2.4	7.0	7.1
Residents receiving special skin care.	67	53.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEWISTON HEALTH CARE CENTER

Street Address: 301 GLORIA ST		City and State: CLEWISTON FL 33440	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	93		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	81.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	80.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	80.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.0	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	62	62.0	49.3	50.8
Residents requiring restraints.	33	33.0	40.4	41.3
Confused or disoriented residents.	39	39.0	61.2	58.4
Residents with bed sores.	12	12.0	7.0	7.1
Residents receiving special skin care.	38	38.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOCTOR'S HOSPITAL

Street Address: 5000 UNIVERSITY DR		City and State: CORAL GABLES FL 33114	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 30	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 0	Medicaid Residents: 0
-----------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	0	0.0	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	0	0.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	1	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW RIVIERA HEALTH RESORT INC

Street Address: 6901 YUMURI ST		City and State: CORAL GABLES FL 33146	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 1	Medicaid Residents: 9		
------------------------------------------------	---------------------------------	---------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	93.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	82.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	86.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	77.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	77.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	42.2	36.9	37.7
Completely bedfast residents.	1	2.2	3.0	3.4
Residents confined to chairs.	21	46.7	49.3	50.8
Residents requiring restraints.	17	37.8	40.4	41.3
Confused or disoriented residents.	30	66.7	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	45	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK SUMMIT HEALTH CARE CTR

Street Address: 8500 ROYAL PALM BLVD		City and State: CORAL SPRINGS FL 33065	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 35	Type of Ownership: PROPRIETARY	Survey Date: 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	Medicare Residents: 1	Medicaid Residents: 2
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	31.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	21	65.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	20	62.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	56.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	6.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	37.5	36.9	37.7
Completely bedfast residents.	2	6.3	3.0	3.4
Residents confined to chairs.	3	9.4	49.3	50.8
Residents requiring restraints.	7	21.9	40.4	41.3
Confused or disoriented residents.	5	15.6	61.2	58.4
Residents with bed sores.	2	6.3	7.0	7.1
Residents receiving special skin care.	8	25.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAKULLA MANOR

Street Address: RT 1 BOX 335		City and State: CRAWFORDVILLE FL 32327	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 0	Medicaid Residents: 92		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	88.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	92	88.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	82.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	82.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	49.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	78	75.0	49.3	50.8
Residents requiring restraints.	51	49.0	40.4	41.3
Confused or disoriented residents.	64	61.5	61.2	58.4
Residents with bed sores.	6	5.8	7.0	7.1
Residents receiving special skin care.	7	6.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKESHORE NH

Street Address: 100 LAKE ST		City and State: CRESCENT CITY FL 32012	
Participation: MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 75	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	34.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	73	85.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	85.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	83.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	85.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	43.5	36.9	37.7
Completely bedfast residents.	8	9.4	3.0	3.4
Residents confined to chairs.	37	43.5	49.3	50.8
Residents requiring restraints.	64	75.3	40.4	41.3
Confused or disoriented residents.	63	74.1	61.2	58.4
Residents with bed sores.	10	11.8	7.0	7.1
Residents receiving special skin care.	57	67.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTVIEW NURSING & CONVALESCENT HOME

Street Address: 1849 E 1ST ST		City and State: CRESTVIEW FL 32536	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 95
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	87.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	110	93.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	91	77.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	70.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	76.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	30.5	36.9	37.7
Completely bedfast residents.	3	2.5	3.0	3.4
Residents confined to chairs.	74	62.7	49.3	50.8
Residents requiring restraints.	102	86.4	40.4	41.3
Confused or disoriented residents.	73	61.9	61.2	58.4
Residents with bed sores.	8	6.8	7.0	7.1
Residents receiving special skin care.	62	52.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRYSTAL RIVER GERIATRIC CENTER

Street Address: 136 NE 12TH AVE		City and State: CRYSTAL RIVER FL 32629	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 1	Medicaid Residents: 93
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	90.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	74.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	78.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	40.7	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	69	58.5	49.3	50.8
Residents requiring restraints.	58	49.2	40.4	41.3
Confused or disoriented residents.	100	84.7	61.2	58.4
Residents with bed sores.	5	4.2	7.0	7.1
Residents receiving special skin care.	19	16.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CYPRESS COVE CARE CENTER

Street Address: 700 S E 8TH AVENUE		City and State: CRYSTAL RIVER FL 32629	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 81
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	62.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	82	81.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	73.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	75.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	73.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	22.8	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	74	73.3	49.3	50.8
Residents requiring restraints.	27	26.7	40.4	41.3
Confused or disoriented residents.	88	87.1	61.2	58.4
Residents with bed sores.	4	4.0	7.0	7.1
Residents receiving special skin care.	22	21.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DADE CITY GERIATRIC CENTER

Street Address: 805 W COLEMAN AV		City and State: DADE CITY FL 33525	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 2	Medicaid Residents: 80
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	99.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	84.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	45.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	8.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	62.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	64	64.0	49.3	50.8
Residents requiring restraints.	50	50.0	40.4	41.3
Confused or disoriented residents.	85	85.0	61.2	58.4
Residents with bed sores.	6	6.0	7.0	7.1
Residents receiving special skin care.	23	23.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PASCO NURSING AND REHAB CENTER

Street Address: 447 N FIFTH ST		City and State: DADE CITY FL 33525	
Participation: MEDICAID SNF/ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 36
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	92.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	28	70.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	75.8	77.2
Contenance Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	30.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	27.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	21	52.5	49.3	50.8
Residents requiring restraints.	17	42.5	40.4	41.3
Confused or disoriented residents.	35	87.5	61.2	58.4
Residents with bed sores.	4	10.0	7.0	7.1
Residents receiving special skin care.	5	12.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL OAK NURSING RESORT

Street Address: 700 ROYAL OAK LANE		City and State: DADE CITY FL 33525	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 1	Medicaid Residents: 72
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	92.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	89.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	85.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	84.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	85.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	40.7	36.9	37.7
Completely bedfast residents.	12	10.2	3.0	3.4
Residents confined to chairs.	88	74.6	49.3	50.8
Residents requiring restraints.	66	55.9	40.4	41.3
Confused or disoriented residents.	90	76.3	61.2	58.4
Residents with bed sores.	10	8.5	7.0	7.1
Residents receiving special skin care.	118	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DANIA NH

Street Address: 440 PHIPPEN RD		City and State: DANIA FL 33004	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 1	Medicaid Residents: 77
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	88.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	85	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	89.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	87.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	90.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	71.8	36.9	37.7
Completely bedfast residents.	9	10.6	3.0	3.4
Residents confined to chairs.	67	78.8	49.3	50.8
Residents requiring restraints.	50	58.8	40.4	41.3
Confused or disoriented residents.	60	70.6	61.2	58.4
Residents with bed sores.	6	7.1	7.0	7.1
Residents receiving special skin care.	24	28.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLIAM L HARGRAVE HEALTH CARE CENTER

Street Address: 206 W ORANGE ST		City and State: DAVENPORT FL 33837	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 32	Medicaid Residents: 26
------------------------------------------------	----------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	96.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	44	75.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	62.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	63.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	15.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	19.0	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	39	67.2	49.3	50.8
Residents requiring restraints.	20	34.5	40.4	41.3
Confused or disoriented residents.	31	53.4	61.2	58.4
Residents with bed sores.	2	3.4	7.0	7.1
Residents receiving special skin care.	58	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLYATT MEMORIAL INC

Street Address: 1001 S BEACH ST		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 2	Medicaid Residents: 22
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	93.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	82	95.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	91.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	91.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	87.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	9.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.7	36.9	37.7
Completely bedfast residents.	3	3.5	3.0	3.4
Residents confined to chairs.	36	41.9	49.3	50.8
Residents requiring restraints.	64	74.4	40.4	41.3
Confused or disoriented residents.	76	88.4	61.2	58.4
Residents with bed sores.	7	8.1	7.0	7.1
Residents receiving special skin care.	23	26.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAYTONA BEACH GERIATRIC CENTER

Street Address: 1055 3RD ST		City and State: DAYTONA BEACH FL 32017	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	Medicare Residents: 3	Medicaid Residents: 102	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	81.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	82.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	82.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	78.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	• 97	66.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	32.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	32	21.9	49.3	50.8
Residents requiring restraints.	87	59.6	40.4	41.3
Confused or disoriented residents.	76	52.1	61.2	58.4
Residents with bed sores.	14	9.6	7.0	7.1
Residents receiving special skin care.	44	30.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DAYTONA MANOR NH

Street Address: 650 REED CANAL ROAD		City and State: DAYTONA BEACH FL 32019	
Participation: MEDICAID SNF/ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 47	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	98.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	87.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	46	83.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	18	32.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	36.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	39	70.9	49.3	50.8
Residents requiring restraints.	30	54.5	40.4	41.3
Confused or disoriented residents.	44	80.0	61.2	58.4
Residents with bed sores.	6	10.9	7.0	7.1
Residents receiving special skin care.	15	27.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE HEALTH CARE

Street Address: 324 WILDER BLVD		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 192	Type of Ownership: PROPRIETARY	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 2	Medicaid Residents: 119
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	92.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	94.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	94.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	67.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	81.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	7.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	33.8	36.9	37.7
Completely bedfast residents.	8	6.0	3.0	3.4
Residents confined to chairs.	31	23.3	49.3	50.8
Residents requiring restraints.	59	44.4	40.4	41.3
Confused or disoriented residents.	103	77.4	61.2	58.4
Residents with bed sores.	6	4.5	7.0	7.1
Residents receiving special skin care.	133	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALIFAX CONVALESCENT CTR LTD

Street Address: 820 N CLYDE MORRIS BLVD		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 58
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	73.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	67	89.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	76.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	50.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	17.3	36.9	37.7
Completely bedfast residents.	3	4.0	3.0	3.4
Residents confined to chairs.	31	41.3	49.3	50.8
Residents requiring restraints.	34	45.3	40.4	41.3
Confused or disoriented residents.	40	53.3	61.2	58.4
Residents with bed sores.	4	5.3	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLIDAY CARE CENTER

Street Address: 1031 S BEACH ST		City and State: DAYTONA BEACH FL 32019	
Participation: MEDICAID SNF/ICF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 25		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	81.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	40	93.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	83.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	81.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	69.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	7.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	30.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	11	25.6	49.3	50.8
Residents requiring restraints.	13	30.2	40.4	41.3
Confused or disoriented residents.	23	53.5	61.2	58.4
Residents with bed sores.	2	4.7	7.0	7.1
Residents receiving special skin care.	7	16.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUNTINGTON SQUARE CONVALARIUM

Street Address: 100 BROADWAY		City and State: DAYTONA BEACH FL 32018	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 41	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	40.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	24	57.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	52.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	59.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	59.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	11.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	8	19.0	49.3	50.8
Residents requiring restraints.	10	23.8	40.4	41.3
Confused or disoriented residents.	22	52.4	61.2	58.4
Residents with bed sores.	1	2.4	7.0	7.1
Residents receiving special skin care.	20	47.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INDIGO MANOR

Street Address: 595 WILLIAMSON BOULEVARD		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
99	4	32		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	78.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	80.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	77.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	71.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	74.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	16.2	36.9	37.7
Completely bedfast residents.	9	9.1	3.0	3.4
Residents confined to chairs.	63	63.6	49.3	50.8
Residents requiring restraints.	11	11.1	40.4	41.3
Confused or disoriented residents.	12	12.1	61.2	58.4
Residents with bed sores.	8	8.1	7.0	7.1
Residents receiving special skin care.	11	11.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLDS HALL GOOD SAMARITAN CENTER

Street Address: 325 S SEGRAVE ST		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 34
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	57.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	68	58.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	59	50.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	50.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	41.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	21.6	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	34	29.3	49.3	50.8
Residents requiring restraints.	44	37.9	40.4	41.3
Confused or disoriented residents.	62	53.4	61.2	58.4
Residents with bed sores.	4	3.4	7.0	7.1
Residents receiving special skin care.	9	7.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE FOUNTAINS NURSING CENTER

Street Address: 1350 S NOVA RD		City and State: DAYTONA BEACH FL 32014	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 9
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	95.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	97.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	87.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	90.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	90.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	39.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	24	58.5	49.3	50.8
Residents requiring restraints.	23	56.1	40.4	41.3
Confused or disoriented residents.	35	85.4	61.2	58.4
Residents with bed sores.	5	12.2	7.0	7.1
Residents receiving special skin care.	16	39.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALTON CO CONVALESCENT CTR

Street Address: 614 S SECOND ST		City and State: DE FUNIAK SPRINGS FL 32433	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 110		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	90.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	111	92.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	111	92.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	90.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	60.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.3	36.9	37.7
Completely bedfast residents.	3	2.5	3.0	3.4
Residents confined to chairs.	57	47.5	49.3	50.8
Residents requiring restraints.	72	60.0	40.4	41.3
Confused or disoriented residents.	58	48.3	61.2	58.4
Residents with bed sores.	4	3.3	7.0	7.1
Residents receiving special skin care.	35	29.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEBARY MANOR

Street Address: 60 NORTH HIGHWAY 1792		City and State: DEBARY FL 32713	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 93	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 58
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	76.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	92.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	80.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	71.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	11.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	30.0	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	32	35.6	49.3	50.8
Residents requiring restraints.	43	47.8	40.4	41.3
Confused or disoriented residents.	66	73.3	61.2	58.4
Residents with bed sores.	4	4.4	7.0	7.1
Residents receiving special skin care.	12	13.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALLIANCE NURSING CENTER

Street Address: 151 WINNEMISSETT AVE		City and State: DELAND FL 32720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 25
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	86.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	94.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	36.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	48.1	49.3	50.8
Residents requiring restraints.	31	59.6	40.4	41.3
Confused or disoriented residents.	22	42.3	61.2	58.4
Residents with bed sores.	9	17.3	7.0	7.1
Residents receiving special skin care.	3	5.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELAND CONVALESCENT CENTER

Street Address: 451 S AMELIA AVE		City and State: DELAND FL 32720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 1	Medicaid Residents: 58
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	106	93.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	84.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	96.5	75.8	77.2
Contenance Residents with catheters or partial or total loss of bowel or bladder control.	23	20.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	40.7	36.9	37.7
Completely bedfast residents.	6	5.3	3.0	3.4
Residents confined to chairs.	46	40.7	49.3	50.8
Residents requiring restraints.	65	57.5	40.4	41.3
Confused or disoriented residents.	75	66.4	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	41	36.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGECREST MANOR

Street Address: 1113 N STONE ST BOX 880		City and State: DELAND FL 32720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 134	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	Medicare Residents: 0	Medicaid Residents: 91	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	71.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	78.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	67.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	73.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	59.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	27.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	64	50.8	49.3	50.8
Residents requiring restraints.	40	31.7	40.4	41.3
Confused or disoriented residents.	84	66.7	61.2	58.4
Residents with bed sores.	10	7.9	7.0	7.1
Residents receiving special skin care.	50	39.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY CONVALESCENT CENTER E

Street Address: 991 E NEW YORK AVE		City and State: DELAND FL 32720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 25
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	55.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	67.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	71.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	83.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	55.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	28.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	15	26.8	49.3	50.8
Residents requiring restraints.	15	26.8	40.4	41.3
Confused or disoriented residents.	28	50.0	61.2	58.4
Residents with bed sores.	2	3.6	7.0	7.1
Residents receiving special skin care.	17	30.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNIVERSITY CONVALESCENT CENTER W

Street Address: 545 W EUCLID AVE		City and State: DELAND FL 32720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 1	Medicaid Residents: 39
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	44.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	83.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	41	73.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	17.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	35	62.5	49.3	50.8
Residents requiring restraints.	15	26.8	40.4	41.3
Confused or disoriented residents.	28	50.0	61.2	58.4
Residents with bed sores.	2	3.6	7.0	7.1
Residents receiving special skin care.	25	44.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE
HARBOURS EDGE**

Street Address: 401 E LINTON BLVD		City and State: DELRAY BEACH FL 33444	
Participation: MEDICARE SNF	# of Beds: 30	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	Medicare Residents: 0	Medicaid Residents: 0	
------------------------------------------------	---------------------------------	---------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	15	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	73.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	60.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	13.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	6.7	49.3	50.8
Residents requiring restraints.	4	26.7	40.4	41.3
Confused or disoriented residents.	9	60.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	15	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEALTH CENTER AT ABBEY DELRAY SOUTH

Street Address: 1717 HOMEWOOD BLVD		City and State: DELRAY BEACH FL 33445	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 1	Medicaid Residents: 5
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	75.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	82.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	86.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	38.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	39	68.4	49.3	50.8
Residents requiring restraints.	27	47.4	40.4	41.3
Confused or disoriented residents.	32	56.1	61.2	58.4
Residents with bed sores.	3	5.3	7.0	7.1
Residents receiving special skin care.	26	45.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONVALESCENT CTR OF DELRAY

Street Address: 5430 LINTON BLVD		City and State: DELRAY BEACH FL 33445	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 6	Medicaid Residents: 82
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	87.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	84.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	71.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	41.7	36.9	37.7
Completely bedfast residents.	6	5.2	3.0	3.4
Residents confined to chairs.	61	53.0	49.3	50.8
Residents requiring restraints.	45	39.1	40.4	41.3
Confused or disoriented residents.	85	73.9	61.2	58.4
Residents with bed sores.	13	11.3	7.0	7.1
Residents receiving special skin care.	19	16.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE HEALTH CTR AT ABBEY DELRAY

Street Address: 2105 SW 11TH COURT		City and State: DELRAY BEACH FL 33445	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 4
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	79.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	89.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	79.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	63.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	30.2	36.9	37.7
Completely bedfast residents.	3	3.1	3.0	3.4
Residents confined to chairs.	35	36.5	49.3	50.8
Residents requiring restraints.	45	46.9	40.4	41.3
Confused or disoriented residents.	75	78.1	61.2	58.4
Residents with bed sores.	4	4.2	7.0	7.1
Residents receiving special skin care.	16	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELTONA HEALTH CARE CENTER

Street Address: 1851 ELKCAM BOULEVARD		City and State: DELTONA FL 32725	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	Medicare Residents: 4	Medicaid Residents: 64		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	48.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	71	65.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	79	73.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	64.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	78.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	20	18.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	42.6	36.9	37.7
Completely bedfast residents.	5	4.6	3.0	3.4
Residents confined to chairs.	51	47.2	49.3	50.8
Residents requiring restraints.	40	37.0	40.4	41.3
Confused or disoriented residents.	67	62.0	61.2	58.4
Residents with bed sores.	5	4.6	7.0	7.1
Residents receiving special skin care.	26	24.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE AT SANDESTIN

Street Address: 5851 HIGHWAY 98 E		City and State: DESTIN FL 32541	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	Medicare Residents: 0	Medicaid Residents: 6
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	68.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	15	93.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	11	68.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	68.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	50.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	6.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	31.3	36.9	37.7
Completely bedfast residents.	2	12.5	3.0	3.4
Residents confined to chairs.	1	6.3	49.3	50.8
Residents requiring restraints.	8	50.0	40.4	41.3
Confused or disoriented residents.	6	37.5	61.2	58.4
Residents with bed sores.	1	6.3	7.0	7.1
Residents receiving special skin care.	5	31.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE J RALPH SMITH HEALTH CENTER

Street Address: ROUTE 5 BOX 88		City and State: DOWLING PARK FL 32060	
Participation: MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 0	Medicaid Residents: 67
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	81.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	80.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	60.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	54.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	48.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	26.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	22	21.0	49.3	50.8
Residents requiring restraints.	31	29.5	40.4	41.3
Confused or disoriented residents.	60	57.1	61.2	58.4
Residents with bed sores.	1	1.0	7.0	7.1
Residents receiving special skin care.	39	37.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUNEDIN CARE CENTER

Street Address:		City and State:	
1351 SAN CHRISTOPHER DRIVE		DUNEDIN FL 33528	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	77.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	84.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	64.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	81.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	68.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	34.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	42	49.4	49.3	50.8
Residents requiring restraints.	29	34.1	40.4	41.3
Confused or disoriented residents.	48	56.5	61.2	58.4
Residents with bed sores.	4	4.7	7.0	7.1
Residents receiving special skin care.	21	24.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF DUNEDIN

Street Address: 870 PATRICIA AV		City and State: DUNEDIN FL 33528	
Participation: MEDICARE SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 7	Medicaid Residents: 0
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	97.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	96.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	96.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	96.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	62.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	21.6	36.9	37.7
Completely bedfast residents.	3	2.9	3.0	3.4
Residents confined to chairs.	83	81.4	49.3	50.8
Residents requiring restraints.	30	29.4	40.4	41.3
Confused or disoriented residents.	65	63.7	61.2	58.4
Residents with bed sores.	1	1.0	7.0	7.1
Residents receiving special skin care.	22	21.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPANISH GARDENS NH

Street Address: 1061 VIRGINIA ST		City and State: DUNEDIN FL 33528	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 93	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 67	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	95.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	89.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	85.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	93.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	84.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.4	36.9	37.7
Completely bedfast residents.	5	5.5	3.0	3.4
Residents confined to chairs.	65	71.4	49.3	50.8
Residents requiring restraints.	37	40.7	40.4	41.3
Confused or disoriented residents.	50	54.9	61.2	58.4
Residents with bed sores.	6	6.6	7.0	7.1
Residents receiving special skin care.	91	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWBROOK MANOR OF EASTPOINT

Street Address: HIGHWAY 98 W AND BEGONIA ST		City and State: EASTPOINT FL 32328	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 18
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	75.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	79.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	75.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	75.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	54.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	8.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	20.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	7	29.2	49.3	50.8
Residents requiring restraints.	4	16.7	40.4	41.3
Confused or disoriented residents.	13	54.2	61.2	58.4
Residents with bed sores.	3	12.5	7.0	7.1
Residents receiving special skin care.	10	41.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ENGLEWOOD HEALTH CARE CENTER

Street Address: 1111 DRURY LANE		City and State: ENGLEWOOD FL 33533	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 4	Medicaid Residents: 61		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	68.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	70	78.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	68.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	82.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	68.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	67.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	70	78.7	49.3	50.8
Residents requiring restraints.	35	39.3	40.4	41.3
Confused or disoriented residents.	22	24.7	61.2	58.4
Residents with bed sores.	6	6.7	7.0	7.1
Residents receiving special skin care.	41	46.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EUSTIS MANOR

Street Address: 2810 RULEME ST		City and State: EUSTIS FL 32726	
Participation: MEDICAID SNF/ICF	# of Beds: 135	Type of Ownership: PROPRIETARY	Survey Date: 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	Medicare Residents: 0	Medicaid Residents: 56
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	98.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	81.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	79.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	81.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	65.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	63.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	47	35.9	49.3	50.8
Residents requiring restraints.	51	38.9	40.4	41.3
Confused or disoriented residents.	76	58.0	61.2	58.4
Residents with bed sores.	12	9.2	7.0	7.1
Residents receiving special skin care.	58	44.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE EUSTIS CARE CENTER

Street Address: 411 W WOODWARD AVE		City and State: EUSTIS FL 32726	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 31
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	92.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	81.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	72.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	58.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	49.1	36.9	37.7
Completely bedfast residents.	2	3.6	3.0	3.4
Residents confined to chairs.	18	32.7	49.3	50.8
Residents requiring restraints.	20	36.4	40.4	41.3
Confused or disoriented residents.	43	78.2	61.2	58.4
Residents with bed sores.	1	1.8	7.0	7.1
Residents receiving special skin care.	13	23.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKWOOD CONVALESCENT CENTER

Street Address: 301 S BAY ST		City and State: EUSTIS FL 32736	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 98
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	71.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	82.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	55.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	71.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	71.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	12.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	49	40.8	49.3	50.8
Residents requiring restraints.	58	48.3	40.4	41.3
Confused or disoriented residents.	84	70.0	61.2	58.4
Residents with bed sores.	9	7.5	7.0	7.1
Residents receiving special skin care.	9	7.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERMAN MEDICAL CENTER ECF

Street Address: 116 EAST MCDONALD ST		City and State: EUSTIS FL 32726	
Participation: MEDICARE SNF	# of Beds: 29	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 14	Medicaid Residents: 0
------------------------------------------------	----------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	62.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	82.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	72.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	10.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	41.4	36.9	37.7
Completely bedfast residents.	3	10.3	3.0	3.4
Residents confined to chairs.	6	20.7	49.3	50.8
Residents requiring restraints.	5	17.2	40.4	41.3
Confused or disoriented residents.	2	6.9	61.2	58.4
Residents with bed sores.	2	6.9	7.0	7.1
Residents receiving special skin care.	5	17.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUALITY HEALTH OF FERNANDINA BEACH

Street Address: PO BOX 1489		City and State: FERNANDINA BEACH FL 32034	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 101
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	62.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	78.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	73.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	56.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	69.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	28.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	24	20.7	49.3	50.8
Residents requiring restraints.	37	31.9	40.4	41.3
Confused or disoriented residents.	60	51.7	61.2	58.4
Residents with bed sores.	8	6.9	7.0	7.1
Residents receiving special skin care.	49	42.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AVIVA MANOR

Street Address: 3370 NW 47TH TERRACE		City and State: FORT LAUDERDALE FL 33319	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 0	Medicaid Residents: 20	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	81.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	87	87.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	88.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	87.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.0	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	84	84.0	49.3	50.8
Residents requiring restraints.	31	31.0	40.4	41.3
Confused or disoriented residents.	70	70.0	61.2	58.4
Residents with bed sores.	6	6.0	7.0	7.1
Residents receiving special skin care.	17	17.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROWARD CONVALESCENT CENTER

Street Address: 1330 S ANDREWS AVE		City and State: FORT LAUDERDALE FL 33316	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 198	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	Medicare Residents: 0	Medicaid Residents: 141		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	79.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	85.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	142	80.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	81.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	75.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	6.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	32.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	94	53.4	49.3	50.8
Residents requiring restraints.	117	66.5	40.4	41.3
Confused or disoriented residents.	114	64.8	61.2	58.4
Residents with bed sores.	8	4.5	7.0	7.1
Residents receiving special skin care.	29	16.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARBOR BEACH CONVALESCENT HOME

Street Address: 1615 S MIAMI RD		City and State: FORT LAUDERDALE FL 33316	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 14		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	95.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	36	85.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	85.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	76.2	75.8	77.2
Continance Residents with catheters or partial or total loss of bowel or bladder control.	32	76.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	7.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	40.5	36.9	37.7
Completely bedfast residents.	1	2.4	3.0	3.4
Residents confined to chairs.	12	28.6	49.3	50.8
Residents requiring restraints.	27	64.3	40.4	41.3
Confused or disoriented residents.	42	100	61.2	58.4
Residents with bed sores.	1	2.4	7.0	7.1
Residents receiving special skin care.	27	64.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR OAKS

Street Address: 2121 E COMMERCIAL BLVD		City and State: FORT LAUDERDALE FL 33308	
Participation: MEDICARE SNF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 3	Medicaid Residents: 0
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	89.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	88.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	87.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	88.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	90.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	40.6	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	64	60.4	49.3	50.8
Residents requiring restraints.	66	62.3	40.4	41.3
Confused or disoriented residents.	72	67.9	61.2	58.4
Residents with bed sores.	6	5.7	7.0	7.1
Residents receiving special skin care.	4	3.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR PINES CONVALESCENT CENTER

Street Address: 1701 NE 26TH ST		City and State: FORT LAUDERDALE FL 33305	
Participation: MEDICARE SNF	# of Beds: 206	Type of Ownership: PROPRIETARY	Survey Date: 02/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	Medicare Residents: 2	Medicaid Residents: 0
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	87.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	172	91.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	154	81.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	80.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	80.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	6.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	37.8	36.9	37.7
Completely bedfast residents.	2	1.1	3.0	3.4
Residents confined to chairs.	93	49.5	49.3	50.8
Residents requiring restraints.	113	60.1	40.4	41.3
Confused or disoriented residents.	153	81.4	61.2	58.4
Residents with bed sores.	13	6.9	7.0	7.1
Residents receiving special skin care.	58	30.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATIONAL HEALTH CARE CENTER

Street Address: 2000 E COMMERCIAL BLVD		City and State: FORT LAUDERDALE FL 33308	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 253	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 241	Medicare Residents: 7	Medicaid Residents: 163
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	71.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	220	91.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	184	76.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	80.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	199	82.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	3.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	36.5	36.9	37.7
Completely bedfast residents.	12	5.0	3.0	3.4
Residents confined to chairs.	144	59.8	49.3	50.8
Residents requiring restraints.	123	51.0	40.4	41.3
Confused or disoriented residents.	149	61.8	61.2	58.4
Residents with bed sores.	30	12.4	7.0	7.1
Residents receiving special skin care.	75	31.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM COURT NURSING & REHAB CENTER

Street Address: 2675 N ANDREWS AVE		City and State: FORT LAUDERDALE FL 33311	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 83		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	92.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	92.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	81.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	84.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	78.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	7.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	29.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	78	72.9	49.3	50.8
Residents requiring restraints.	66	61.7	40.4	41.3
Confused or disoriented residents.	54	50.5	61.2	58.4
Residents with bed sores.	14	13.1	7.0	7.1
Residents receiving special skin care.	32	29.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHN'S REHAB AND HEALTH CARE CENTER

Street Address: 3075 NW 35TH AVENUE		City and State: FORT LAUDERDALE FL 33311	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 5	Medicaid Residents: 89
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	93.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	155	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	155	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	93.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	93.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	39.4	36.9	37.7
Completely bedfast residents.	8	5.2	3.0	3.4
Residents confined to chairs.	117	75.5	49.3	50.8
Residents requiring restraints.	76	49.0	40.4	41.3
Confused or disoriented residents.	130	83.9	61.2	58.4
Residents with bed sores.	13	8.4	7.0	7.1
Residents receiving special skin care.	60	38.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEACON DONEGAN MANOR

Street Address: 8400 BEACON BOULEVARD		City and State: FORT MYERS FL 33901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 91
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	71.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	66.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	66.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	76.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	60.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	29.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	43.0	49.3	50.8
Residents requiring restraints.	59	43.7	40.4	41.3
Confused or disoriented residents.	75	55.6	61.2	58.4
Residents with bed sores.	11	8.1	7.0	7.1
Residents receiving special skin care.	23	17.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALUSA HARBOUR

Street Address: 2525 E 1ST ST		City and State: FORT MYERS FL 33901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
54	2	14			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	85.2	81.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	87.0	84.3	83.2
Toileting					
Residents requiring some or total assistance in toileting.		46	85.2	76.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	100	75.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	88.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.		4	7.4	4.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	35.2	36.9	37.7
Completely bedfast residents.		2	3.7	3.0	3.4
Residents confined to chairs.		18	33.3	49.3	50.8
Residents requiring restraints.		24	44.4	40.4	41.3
Confused or disoriented residents.		47	87.0	61.2	58.4
Residents with bed sores.		5	9.3	7.0	7.1
Residents receiving special skin care.		17	31.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE
CYPRESS MANOR**

Street Address: 7173 CYPRESS ROAD SW		City and State: FORT MYERS FL 33907	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 63	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	73.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	77.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	84.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	73.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	7.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	41.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	40	40.4	49.3	50.8
Residents requiring restraints.	53	53.5	40.4	41.3
Confused or disoriented residents.	66	66.7	61.2	58.4
Residents with bed sores.	11	11.1	7.0	7.1
Residents receiving special skin care.	99	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORT MYER CARE CENTER

Street Address: 13755 GOLF CLUB PKWY		City and State: FORT MYERS FL 33906	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: PROPRIETARY	Survey Date: 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 4	Medicaid Residents: 47
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	99.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	99.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	83.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	83.7	75.8	77.2
Contenance Residents with catheters or partial or total loss of bowel or bladder control.	82	83.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	43.9	36.9	37.7
Completely bedfast residents.	6	6.1	3.0	3.4
Residents confined to chairs.	37	37.8	49.3	50.8
Residents requiring restraints.	29	29.6	40.4	41.3
Confused or disoriented residents.	72	73.5	61.2	58.4
Residents with bed sores.	4	4.1	7.0	7.1
Residents receiving special skin care.	34	34.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEE CONVALESCENT CENTER

Street Address: 2826 CLEVELAND AVE		City and State: FORT MYERS FL 33901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 146	Type of Ownership: PROPRIETARY	Survey Date: 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	Medicare Residents: 3	Medicaid Residents: 112
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	90.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	120	83.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	113	78.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	73.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	86.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	28.5	36.9	37.7
Completely bedfast residents.	6	4.2	3.0	3.4
Residents confined to chairs.	90	62.5	49.3	50.8
Residents requiring restraints.	84	58.3	40.4	41.3
Confused or disoriented residents.	120	83.3	61.2	58.4
Residents with bed sores.	17	11.8	7.0	7.1
Residents receiving special skin care.	85	59.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADY REST NH

Street Address: 2300 N AIRPORT RD		City and State: FORT MYERS FL 33907	
Participation: MEDICAID SNF/ICF	# of Beds: 105	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 0	Medicaid Residents: 97		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	89.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	76.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	64.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	53.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	17.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	52	53.1	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	53	54.1	61.2	58.4
Residents with bed sores.	6	6.1	7.0	7.1
Residents receiving special skin care.	54	55.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

<p>Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.</p>	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBIEJEAN RUSSELL CARE CENTER

Street Address: 700 S 29TH ST		City and State: FORT PIERCE FL 33450	
Participation: MEDICAID SNF/ICF	# of Beds: 79	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 60		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	94.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	75	96.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	91.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	82.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	69.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	6.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	61.5	36.9	37.7
Completely bedfast residents.	9	11.5	3.0	3.4
Residents confined to chairs.	55	70.5	49.3	50.8
Residents requiring restraints.	45	57.7	40.4	41.3
Confused or disoriented residents.	45	57.7	61.2	58.4
Residents with bed sores.	3	3.8	7.0	7.1
Residents receiving special skin care.	50	64.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORT PIERCE CARE CENTER

Street Address: 703 S 29TH ST		City and State: FORT PIERCE FL 33450	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 0	Medicaid Residents: 79	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	66.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	86.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	86.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	85.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	29.0	36.9	37.7
Completely bedfast residents.	6	6.0	3.0	3.4
Residents confined to chairs.	41	41.0	49.3	50.8
Residents requiring restraints.	50	50.0	40.4	41.3
Confused or disoriented residents.	64	64.0	61.2	58.4
Residents with bed sores.	4	4.0	7.0	7.1
Residents receiving special skin care.	65	65.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNRISE MANOR

Street Address: 611 S 13TH ST BOX 1658		City and State: FORT PIERCE FL 33450	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 171	Type of Ownership: PROPRIETARY	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 0	Medicaid Residents: 119
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	83.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	89.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	132	89.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	89.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	59.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	3.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	7.5	36.9	37.7
Completely bedfast residents.	20	13.6	3.0	3.4
Residents confined to chairs.	102	69.4	49.3	50.8
Residents requiring restraints.	48	32.7	40.4	41.3
Confused or disoriented residents.	49	33.3	61.2	58.4
Residents with bed sores.	27	18.4	7.0	7.1
Residents receiving special skin care.	147	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FT WALTON BEACH CARE CENTER

Street Address: 1 LBJ SR DRIVE		City and State: FORT WALTON BEACH FL 32548	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 1	Medicaid Residents: 96
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	93.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	90.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	73.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	64.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	60.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	11.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	35.6	36.9	37.7
Completely bedfast residents.	6	5.1	3.0	3.4
Residents confined to chairs.	87	73.7	49.3	50.8
Residents requiring restraints.	58	49.2	40.4	41.3
Confused or disoriented residents.	69	58.5	61.2	58.4
Residents with bed sores.	12	10.2	7.0	7.1
Residents receiving special skin care.	23	19.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GULF CONVALESCENT CENTER

Street Address: 114 3RD ST SE		City and State: FORT WALTON BEACH FL 32548	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 2	Medicaid Residents: 110
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	97.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	76.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	69.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	66.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	76.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	46.6	36.9	37.7
Completely bedfast residents.	19	16.1	3.0	3.4
Residents confined to chairs.	29	24.6	49.3	50.8
Residents requiring restraints.	38	32.2	40.4	41.3
Confused or disoriented residents.	88	74.6	61.2	58.4
Residents with bed sores.	7	5.9	7.0	7.1
Residents receiving special skin care.	67	56.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTWOOD HEALTH CARE CENTER

Street Address: 1001 MAR WALT DR		City and State: FORT WALTON BEACH FL 32548	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 2	Medicaid Residents: 16		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	81.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	83.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	78.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	8.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.3	36.9	37.7
Completely bedfast residents.	1	1.7	3.0	3.4
Residents confined to chairs.	20	33.3	49.3	50.8
Residents requiring restraints.	21	35.0	40.4	41.3
Confused or disoriented residents.	35	58.3	61.2	58.4
Residents with bed sores.	4	6.7	7.0	7.1
Residents receiving special skin care.	6	10.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALACHUA NURSING CENTER

Street Address: 1000 S W 16TH AVE		City and State: GAINESVILLE FL 32601	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 0	Medicaid Residents: 89
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	95.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	89.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	87.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	58.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.0	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	36	36.0	49.3	50.8
Residents requiring restraints.	44	44.0	40.4	41.3
Confused or disoriented residents.	29	29.0	61.2	58.4
Residents with bed sores.	9	9.0	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GAINESVILLE NURSING CENTER

Street Address: 4000 SW 20TH AVE		City and State: GAINESVILLE FL 32601	
Participation: MEDICAID SNF/ICF	# of Beds: 93	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 0	Medicaid Residents: 75		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	89.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	88.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	74.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	73.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	24.1	36.9	37.7
Completely bedfast residents.	1	1.2	3.0	3.4
Residents confined to chairs.	54	65.1	49.3	50.8
Residents requiring restraints.	41	49.4	40.4	41.3
Confused or disoriented residents.	48	57.8	61.2	58.4
Residents with bed sores.	5	6.0	7.0	7.1
Residents receiving special skin care.	34	41.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH FLORIDA SPECIAL CARE CENTER

Street Address: 6700 NW 10TH PLACE		City and State: GAINESVILLE FL 32605	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 4	Medicaid Residents: 84
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	94.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	96.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	94.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	94.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	97.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	33.6	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	89	78.8	49.3	50.8
Residents requiring restraints.	45	39.8	40.4	41.3
Confused or disoriented residents.	87	77.0	61.2	58.4
Residents with bed sores.	1	0.9	7.0	7.1
Residents receiving special skin care.	38	33.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GARDEN GAINESVILLE

Street Address: 227 SW 62ND BLVD		City and State: GAINESVILLE FL 32607	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 4	Medicaid Residents: 48
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	93.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	59	79.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	52	70.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	74.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	59.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.0	36.9	37.7
Completely bedfast residents.	2	2.7	3.0	3.4
Residents confined to chairs.	24	32.4	49.3	50.8
Residents requiring restraints.	8	10.8	40.4	41.3
Confused or disoriented residents.	52	70.3	61.2	58.4
Residents with bed sores.	9	12.2	7.0	7.1
Residents receiving special skin care.	9	12.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE OAKS RESIDENTIAL & REHAB CTR

Street Address: 3250 SW 41ST PLACE		City and State: GAINESVILLE FL 32608	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 179	Type of Ownership: PROPRIETARY	Survey Date: 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 1	Medicaid Residents: 125		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	76.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	124	84.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	72.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	66.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	74.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	50.3	36.9	37.7
Completely bedfast residents.	5	3.4	3.0	3.4
Residents confined to chairs.	108	73.5	49.3	50.8
Residents requiring restraints.	61	41.5	40.4	41.3
Confused or disoriented residents.	89	60.5	61.2	58.4
Residents with bed sores.	19	12.9	7.0	7.1
Residents receiving special skin care.	48	32.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

**NURSING HOME PROFILE
UNIVERSITY NURSING CARE CENTER**

Street Address: 1311 SW 16TH ST		City and State: GAINESVILLE FL 32608	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	Medicare Residents: 0	Medicaid Residents: 150		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	85.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	120	70.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	120	70.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	58.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	71.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	9.9	36.9	37.7
Completely bedfast residents.	21	12.3	3.0	3.4
Residents confined to chairs.	70	40.9	49.3	50.8
Residents requiring restraints.	67	39.2	40.4	41.3
Confused or disoriented residents.	106	62.0	61.2	58.4
Residents with bed sores.	24	14.0	7.0	7.1
Residents receiving special skin care.	25	14.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON CO CONVALESCENT CENTER

Street Address: 1002 SANDERS AVENUE		City and State: GRACEVILLE FL 32440	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 113		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	70.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	71.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	68.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	76.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	65.0	36.9	37.7
Completely bedfast residents.	7	6.0	3.0	3.4
Residents confined to chairs.	40	34.2	49.3	50.8
Residents requiring restraints.	66	56.4	40.4	41.3
Confused or disoriented residents.	78	66.7	61.2	58.4
Residents with bed sores.	7	6.0	7.0	7.1
Residents receiving special skin care.	23	19.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN COVE SPGS GERIATRIC CENTER

Street Address: 803 OAK ST		City and State: GREEN COVE SPRINGS FL 32043	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 103
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	51.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	75.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	66.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	62.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	59.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	48	41.4	49.3	50.8
Residents requiring restraints.	49	42.2	40.4	41.3
Confused or disoriented residents.	79	68.1	61.2	58.4
Residents with bed sores.	10	8.6	7.0	7.1
Residents receiving special skin care.	22	19.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE LAKE NH

Street Address: HIGHWAY 90 E		City and State: GREENVILLE FL 32331	
Participation: MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 50	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	82.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	91.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	89.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	89.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	50.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	8.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	33.9	36.9	37.7
Completely bedfast residents.	1	1.8	3.0	3.4
Residents confined to chairs.	15	26.8	49.3	50.8
Residents requiring restraints.	26	46.4	40.4	41.3
Confused or disoriented residents.	31	55.4	61.2	58.4
Residents with bed sores.	2	3.6	7.0	7.1
Residents receiving special skin care.	30	53.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAY BREEZE NURSING & RETIREMENT CTR

Street Address: 3375 GULF BREEZE PARKWAY		City and State: GULF BREEZE FL 32561	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 1	Medicaid Residents: 55
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	83.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	74	92.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	92.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	75.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	67.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	36.2	36.9	37.7
Completely bedfast residents.	6	7.5	3.0	3.4
Residents confined to chairs.	46	57.5	49.3	50.8
Residents requiring restraints.	47	58.7	40.4	41.3
Confused or disoriented residents.	48	60.0	61.2	58.4
Residents with bed sores.	4	5.0	7.0	7.1
Residents receiving special skin care.	9	11.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GULFPORT CONVALESCENT CENTER

Street Address: 1414 59TH ST S		City and State: GULFPORT FL 33707	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 64		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	68.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	75.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	67.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	56.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	52.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	18.3	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	63	54.8	49.3	50.8
Residents requiring restraints.	32	27.8	40.4	41.3
Confused or disoriented residents.	68	59.1	61.2	58.4
Residents with bed sores.	13	11.3	7.0	7.1
Residents receiving special skin care.	16	13.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAINES CITY HEALTH CARE CENTER

Street Address: 409 S 10TH ST		City and State: HAINES CITY FL 33844	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 1	Medicaid Residents: 87	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	87.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	76.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	76.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	16	13.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	37.1	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	47	40.5	49.3	50.8
Residents requiring restraints.	86	74.1	40.4	41.3
Confused or disoriented residents.	94	81.0	61.2	58.4
Residents with bed sores.	5	4.3	7.0	7.1
Residents receiving special skin care.	8	6.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLANDALE REHABILITATION CTR

Street Address: 2400 E HALLANDALE BEACH BLVD		City and State: HALLANDALE FL 33009	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 149	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 6	Medicaid Residents: 64	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	87.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	91.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	85.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	84.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	77.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	7.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	38.5	36.9	37.7
Completely bedfast residents.	6	4.4	3.0	3.4
Residents confined to chairs.	75	55.6	49.3	50.8
Residents requiring restraints.	67	49.6	40.4	41.3
Confused or disoriented residents.	89	65.9	61.2	58.4
Residents with bed sores.	6	4.4	7.0	7.1
Residents receiving special skin care.	22	16.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIALEAH CONV HOME

Street Address: 190 W 28TH ST		City and State: HIALEAH FL 33010	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 276	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 263	Medicare Residents: 0	Medicaid Residents: 261		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	258	98.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	242	92.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	215	81.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	212	80.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	215	81.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	28	10.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	169	64.3	36.9	37.7
Completely bedfast residents.	26	9.9	3.0	3.4
Residents confined to chairs.	157	59.7	49.3	50.8
Residents requiring restraints.	117	44.5	40.4	41.3
Confused or disoriented residents.	148	56.3	61.2	58.4
Residents with bed sores.	24	9.1	7.0	7.1
Residents receiving special skin care.	213	81.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALMETTO REHABILITATION CENTER

Street Address: 6750 W 22ND ST		City and State: HIALEAH FL 33016	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 4	Medicaid Residents: 22
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	96.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	20	71.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	20	71.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	35.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	25.0	36.9	37.7
Completely bedfast residents.	2	7.1	3.0	3.4
Residents confined to chairs.	4	14.3	49.3	50.8
Residents requiring restraints.	20	71.4	40.4	41.3
Confused or disoriented residents.	22	78.6	61.2	58.4
Residents with bed sores.	5	17.9	7.0	7.1
Residents receiving special skin care.	10	35.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUSANNA WESLEY HEALTH CENTER

Street Address: 5300 W 16TH AVE		City and State: HIALEAH FL 33012	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 4	Medicaid Residents: 66
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	77.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	77.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	77.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	80.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	73.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	68.4	36.9	37.7
Completely bedfast residents.	6	5.1	3.0	3.4
Residents confined to chairs.	72	61.5	49.3	50.8
Residents requiring restraints.	48	41.0	40.4	41.3
Confused or disoriented residents.	46	39.3	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	46	39.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE WATERFORD CONVALESCENT CTR

Street Address: 8333 W OKEECHOBEE RD		City and State: HIALEAH GARDENS FL 33016	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	Medicare Residents: 1	Medicaid Residents: 152	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	90.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	92.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	88.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	85.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	70.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	4.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	63.0	36.9	37.7
Completely bedfast residents.	5	3.2	3.0	3.4
Residents confined to chairs.	66	42.9	49.3	50.8
Residents requiring restraints.	76	49.4	40.4	41.3
Confused or disoriented residents.	92	59.7	61.2	58.4
Residents with bed sores.	29	18.8	7.0	7.1
Residents receiving special skin care.	89	57.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOBE SOUND GERIATRIC VILLAGE

Street Address: 9555 SE FEDERAL HIGHWAY		City and State: HOBE SOUND FL 33455	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 0	Medicaid Residents: 35		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	93.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	83.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	73.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	71.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	56.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	26.5	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	52	51.0	49.3	50.8
Residents requiring restraints.	33	32.4	40.4	41.3
Confused or disoriented residents.	63	61.8	61.2	58.4
Residents with bed sores.	3	2.9	7.0	7.1
Residents receiving special skin care.	16	15.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BISHOP'S GLEN HEALTH CARE CENTER

Street Address: 900 11TH ST		City and State: HOLLY HILL FL 32017	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 2	Medicaid Residents: 31		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	71.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	74.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	74.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	45.8	36.9	37.7
Completely bedfast residents.	4	6.8	3.0	3.4
Residents confined to chairs.	19	32.2	49.3	50.8
Residents requiring restraints.	28	47.5	40.4	41.3
Confused or disoriented residents.	35	59.3	61.2	58.4
Residents with bed sores.	5	8.5	7.0	7.1
Residents receiving special skin care.	36	61.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLFCREST NH

Street Address: 600 N 17TH AVE		City and State: HOLLYWOOD FL 33020	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 67	Type of Ownership: PROPRIETARY	Survey Date: 05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 2	Medicaid Residents: 27
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	95.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	62	95.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	83.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	83.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	72.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	9.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	20.0	36.9	37.7
Completely bedfast residents.	3	4.6	3.0	3.4
Residents confined to chairs.	29	44.6	49.3	50.8
Residents requiring restraints.	37	56.9	40.4	41.3
Confused or disoriented residents.	43	66.2	61.2	58.4
Residents with bed sores.	4	6.2	7.0	7.1
Residents receiving special skin care.	7	10.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLYWOOD HILLS NH

Street Address: 1200 N 35TH AVE		City and State: HOLLYWOOD FL 33021	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 152	Type of Ownership: PROPRIETARY	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 1	Medicaid Residents: 123
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	87.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	81.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	113	85.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	97.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	63.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	9.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	62.1	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	89	67.4	49.3	50.8
Residents requiring restraints.	112	84.8	40.4	41.3
Confused or disoriented residents.	116	87.9	61.2	58.4
Residents with bed sores.	11	8.3	7.0	7.1
Residents receiving special skin care.	34	25.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON MANOR NURSING & REHAB CTR

Street Address: 4200 WASHINGTON ST		City and State: HOLLYWOOD FL 33021	
Participation: MEDICARE SNF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 187	Medicare Residents: 5	Medicaid Residents: 0		
-------------------------------------------------	---------------------------------	---------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	181	96.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	97.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	66.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	78.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	158	84.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	4.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	64.2	36.9	37.7
Completely bedfast residents.	2	1.1	3.0	3.4
Residents confined to chairs.	40	21.4	49.3	50.8
Residents requiring restraints.	120	64.2	40.4	41.3
Confused or disoriented residents.	150	80.2	61.2	58.4
Residents with bed sores.	12	6.4	7.0	7.1
Residents receiving special skin care.	71	38.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROOKWOOD GARDENS CONVALESCENT CTR

Street Address: 1990 S CANAL DR		City and State: HOMESTEAD FL 33035	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 63		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	73.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	61	89.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	89.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	86.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	64.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	38.2	36.9	37.7
Completely bedfast residents.	2	2.9	3.0	3.4
Residents confined to chairs.	4	5.9	49.3	50.8
Residents requiring restraints.	10	14.7	40.4	41.3
Confused or disoriented residents.	59	86.8	61.2	58.4
Residents with bed sores.	5	7.4	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOMESTEAD MANOR NURSING HOME

Street Address: 1330 NW FIRST AVENUE		City and State: HOMESTEAD FL 33030	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 2	Medicaid Residents: 29
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	89.8	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	95.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	91.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	89.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	81.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	14.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	67.3	36.9	37.7
Completely bedfast residents.	1	2.0	3.0	3.4
Residents confined to chairs.	9	18.4	49.3	50.8
Residents requiring restraints.	23	46.9	40.4	41.3
Confused or disoriented residents.	26	53.1	61.2	58.4
Residents with bed sores.	3	6.1	7.0	7.1
Residents receiving special skin care.	19	38.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAR CREEK NURSING CENTER

Street Address: 8041 STATE ROAD 52 EAST		City and State: HUDSON FL 33567	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 66	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	95.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	85.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	79.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	82.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	67.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	36.7	36.9	37.7
Completely bedfast residents.	5	4.6	3.0	3.4
Residents confined to chairs.	80	73.4	49.3	50.8
Residents requiring restraints.	30	27.5	40.4	41.3
Confused or disoriented residents.	70	64.2	61.2	58.4
Residents with bed sores.	7	6.4	7.0	7.1
Residents receiving special skin care.	9	8.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATIONAL HEALTHCARE CENTER HUDSON

Street Address: 7210 BEACON WOODS DRIVE		City and State: HUDSON FL 33567	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 2	Medicaid Residents: 46	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	44.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	59	84.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	54	77.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	78.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	55.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	10.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	21.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	50	71.4	49.3	50.8
Residents requiring restraints.	29	41.4	40.4	41.3
Confused or disoriented residents.	23	32.9	61.2	58.4
Residents with bed sores.	7	10.0	7.0	7.1
Residents receiving special skin care.	13	18.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR WOODS CONVALESCENT CENTER

Street Address: 13719 LAKESHORE BLVD		City and State: HUDSON FL 33567	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 5	Medicaid Residents: 16
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	71.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	79.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	74.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	38.5	36.9	37.7
Completely bedfast residents.	1	2.6	3.0	3.4
Residents confined to chairs.	27	69.2	49.3	50.8
Residents requiring restraints.	9	23.1	40.4	41.3
Confused or disoriented residents.	14	35.9	61.2	58.4
Residents with bed sores.	3	7.7	7.0	7.1
Residents receiving special skin care.	4	10.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HEALTH CARE CENTER

Street Address: 611 TURNER CAMP RD		City and State: INVERNESS FL 32651	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 31
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	89.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	89.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	91.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	12.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	36.9	37.7
Completely bedfast residents.	2	4.2	3.0	3.4
Residents confined to chairs.	26	54.2	49.3	50.8
Residents requiring restraints.	14	29.2	40.4	41.3
Confused or disoriented residents.	20	41.7	61.2	58.4
Residents with bed sores.	2	4.2	7.0	7.1
Residents receiving special skin care.	17	35.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE INVERNESS HEALTH CARE CENTER

Street Address: 304 S CITRUS AV		City and State: INVERNESS FL 32650	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 2	Medicaid Residents: 79
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	94.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	91.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	96.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	83.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	59.6	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	41	41.4	49.3	50.8
Residents requiring restraints.	47	47.5	40.4	41.3
Confused or disoriented residents.	46	46.5	61.2	58.4
Residents with bed sores.	10	10.1	7.0	7.1
Residents receiving special skin care.	12	12.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADAMS PLAZA

Street Address: 33 W ADAMS ST		City and State: JACKSONVILLE FL 32202	
Participation: MEDICAID SNF/ICF	# of Beds: 35	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 12
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	70.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	88.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	64.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	64.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	23.5	36.9	37.7
Completely bedfast residents.	1	5.9	3.0	3.4
Residents confined to chairs.	3	17.6	49.3	50.8
Residents requiring restraints.	4	23.5	40.4	41.3
Confused or disoriented residents.	4	23.5	61.2	58.4
Residents with bed sores.	1	5.9	7.0	7.1
Residents receiving special skin care.	6	35.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALL SAINTS CATHOLIC NH FOR AGING

Street Address: 2040 RIVERSIDE AVE		City and State: JACKSONVILLE FL 32204	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 27
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	95.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	96.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	51.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	20	33.3	49.3	50.8
Residents requiring restraints.	16	26.7	40.4	41.3
Confused or disoriented residents.	60	100	61.2	58.4
Residents with bed sores.	5	8.3	7.0	7.1
Residents receiving special skin care.	60	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTH CARE CENTER

Street Address: 3648 UNIVERSITY BLVD S		City and State: JACKSONVILLE FL 32216	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 2	Medicaid Residents: 29	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	92.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	92.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	88.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	88.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	88.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	15.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	36.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	38	45.2	49.3	50.8
Residents requiring restraints.	43	51.2	40.4	41.3
Confused or disoriented residents.	77	91.7	61.2	58.4
Residents with bed sores.	12	14.3	7.0	7.1
Residents receiving special skin care.	25	29.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARLINGTON MANOR CARE CENTER

Street Address: 7723 JASPER AVENUE		City and State: JACKSONVILLE FL 32211	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 88
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	97.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	89	91.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	76.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	80.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	66	68.0	49.3	50.8
Residents requiring restraints.	47	48.5	40.4	41.3
Confused or disoriented residents.	66	68.0	61.2	58.4
Residents with bed sores.	20	20.6	7.0	7.1
Residents receiving special skin care.	12	12.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAUCLERC MANOR

Street Address: 9355 SAN JOSE BLVD		City and State: JACKSONVILLE FL 32217	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 1	Medicaid Residents: 74
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	90.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	65.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	63.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	37.0	36.9	37.7
Completely bedfast residents.	3	3.0	3.0	3.4
Residents confined to chairs.	38	38.0	49.3	50.8
Residents requiring restraints.	42	42.0	40.4	41.3
Confused or disoriented residents.	53	53.0	61.2	58.4
Residents with bed sores.	10	10.0	7.0	7.1
Residents receiving special skin care.	5	5.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CATHEDRAL CONVALESCENT CENTER

Street Address: 333 E ASHLEY ST		City and State: JACKSONVILLE FL 32202	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 92
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	62.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	89.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	73.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	74.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	72.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	29.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	44	38.3	49.3	50.8
Residents requiring restraints.	12	10.4	40.4	41.3
Confused or disoriented residents.	57	49.6	61.2	58.4
Residents with bed sores.	13	11.3	7.0	7.1
Residents receiving special skin care.	23	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR HILLS NURSING CENTER

Street Address: 2061 HYDE PARK RD		City and State: JACKSONVILLE FL 32210	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	Medicare Residents: 1	Medicaid Residents: 145		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	83.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	86.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	134	76.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	79.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	75.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	7.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	30.7	36.9	37.7
Completely bedfast residents.	5	2.8	3.0	3.4
Residents confined to chairs.	92	52.3	49.3	50.8
Residents requiring restraints.	88	50.0	40.4	41.3
Confused or disoriented residents.	108	61.4	61.2	58.4
Residents with bed sores.	14	8.0	7.0	7.1
Residents receiving special skin care.	15	8.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAGLE CREST NURSING CENTER

Street Address: 2802 PARENTAL HOME RD		City and State: JACKSONVILLE FL 32216	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 214	Medicare Residents: 0	Medicaid Residents: 203		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	69.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	177	82.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	73.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	71.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	67.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	15	7.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	31.3	36.9	37.7
Completely bedfast residents.	6	2.8	3.0	3.4
Residents confined to chairs.	134	62.6	49.3	50.8
Residents requiring restraints.	63	29.4	40.4	41.3
Confused or disoriented residents.	178	83.2	61.2	58.4
Residents with bed sores.	16	7.5	7.0	7.1
Residents receiving special skin care.	51	23.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EARTHA M M WHITE NH

Street Address: 5377 MONCRIEF RD		City and State: JACKSONVILLE FL 32209	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 115
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	35.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	71.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	79.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	85.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	37.1	36.9	37.7
Completely bedfast residents.	11	9.5	3.0	3.4
Residents confined to chairs.	34	29.3	49.3	50.8
Residents requiring restraints.	51	44.0	40.4	41.3
Confused or disoriented residents.	79	68.1	61.2	58.4
Residents with bed sores.	10	8.6	7.0	7.1
Residents receiving special skin care.	1	0.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FANNIE E TAYLOR HOME FOR AGED NH

Street Address: 3937 SPRING PARK RD		City and State: JACKSONVILLE FL 32207	
Participation: MEDICAID ICF	# of Beds: 24	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 0	Medicaid Residents: 20	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	34.8	78.9	78.3
Dressing Residents requiring some or total assistance in dressing.	17	73.9	74.3	76.7
Toileting Residents requiring some or total assistance in toileting.	7	30.4	57.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	65.2	65.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	60.9	61.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	11.8	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.7	23.7	29.3
Completely bedfast residents.	0	0.0	0.0	3.6
Residents confined to chairs.	5	21.7	23.0	39.1
Residents requiring restraints.	3	13.0	24.3	31.7
Confused or disoriented residents.	8	34.8	62.5	55.8
Residents with bed sores.	0	0.0	2.0	4.7
Residents receiving special skin care.	3	13.0	24.3	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	1	25.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	1	25.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	0	0.0	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	0	0.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	1	25.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	1	25.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	0	0.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	0	0.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FL CHRISTIAN HEALTH CENTER

Street Address: 1827 STOCKTON ST		City and State: JACKSONVILLE FL 32204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 128	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 128	Medicare Residents: 2	Medicaid Residents: 53
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	77.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	78.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	71.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	71.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	49.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	22	17.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	32.8	36.9	37.7
Completely bedfast residents.	7	5.5	3.0	3.4
Residents confined to chairs.	36	28.1	49.3	50.8
Residents requiring restraints.	69	53.9	40.4	41.3
Confused or disoriented residents.	98	76.6	61.2	58.4
Residents with bed sores.	2	1.6	7.0	7.1
Residents receiving special skin care.	77	60.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOSPITALITY CARE CTR OF THE BEACHES

Street Address: 1504 SEABREEZE AVE		City and State: JACKSONVILLE FL 32250	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 0	Medicaid Residents: 73
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	95.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	96.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	88.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	80.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	65.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	14	12.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	46.8	36.9	37.7
Completely bedfast residents.	4	3.6	3.0	3.4
Residents confined to chairs.	75	67.6	49.3	50.8
Residents requiring restraints.	62	55.9	40.4	41.3
Confused or disoriented residents.	70	63.1	61.2	58.4
Residents with bed sores.	16	14.4	7.0	7.1
Residents receiving special skin care.	33	29.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSONVILLE CONVALESCENT CENTER

Street Address: 730 COLLEGE ST		City and State: JACKSONVILLE FL 32204	
Participation: MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 86
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	55.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	96.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	82.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	79.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	42.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	51	52.6	49.3	50.8
Residents requiring restraints.	42	43.3	40.4	41.3
Confused or disoriented residents.	66	68.0	61.2	58.4
Residents with bed sores.	8	8.2	7.0	7.1
Residents receiving special skin care.	16	16.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANDARIN MANOR

Street Address: 10680 OLD ST AUGUSTINE ROAD		City and State: JACKSONVILLE FL 32223	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 75
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	92.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	91.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	74.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	63.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	63.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	41.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	32	28.3	49.3	50.8
Residents requiring restraints.	20	17.7	40.4	41.3
Confused or disoriented residents.	40	35.4	61.2	58.4
Residents with bed sores.	7	6.2	7.0	7.1
Residents receiving special skin care.	20	17.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PHEO MEDICAL CENTER

Street Address: 1771 EDGEWOOD AVE WEST		City and State: JACKSONVILLE FL 32208	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 0	Medicaid Residents: 0
-----------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	1	100	49.3	50.8
Residents requiring restraints.	0	0.0	40.4	41.3
Confused or disoriented residents.	0	0.0	61.2	58.4
Residents with bed sores.	1	100	7.0	7.1
Residents receiving special skin care.	1	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENTS PARK OF JACKSONVILLE

Street Address: 7130 SOUTHSIDE BOULEVARD		City and State: JACKSONVILLE FL 32216	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: PROPRIETARY	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	35		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	95.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	96.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	84.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	82.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	80.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.1	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	32	33.7	49.3	50.8
Residents requiring restraints.	15	15.8	40.4	41.3
Confused or disoriented residents.	55	57.9	61.2	58.4
Residents with bed sores.	4	4.2	7.0	7.1
Residents receiving special skin care.	23	24.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER GARDEN HEBREW HOME FOR THE AGED

Street Address: 1800 STOCKTON ST		City and State: JACKSONVILLE FL 32204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 192	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 11	Medicaid Residents: 97
-------------------------------------------------	----------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	89.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	89.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	71.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	70.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	71.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	43.8	36.9	37.7
Completely bedfast residents.	1	0.6	3.0	3.4
Residents confined to chairs.	110	61.8	49.3	50.8
Residents requiring restraints.	13	7.3	40.4	41.3
Confused or disoriented residents.	115	64.6	61.2	58.4
Residents with bed sores.	7	3.9	7.0	7.1
Residents receiving special skin care.	60	33.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSEWOOD NH

Street Address: 12739 DUNNS CREEK ROAD		City and State: JACKSONVILLE FL 32218	
Participation: MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
54	0	52			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	98.1	81.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		41	75.9	84.3	83.2
Toileting					
Residents requiring some or total assistance in toileting.		40	74.1	76.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	63.0	75.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	81.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	4.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	37.0	36.9	37.7
Completely bedfast residents.		3	5.6	3.0	3.4
Residents confined to chairs.		42	77.8	49.3	50.8
Residents requiring restraints.		19	35.2	40.4	41.3
Confused or disoriented residents.		49	90.7	61.2	58.4
Residents with bed sores.		3	5.6	7.0	7.1
Residents receiving special skin care.		9	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CATHERINE LABOURE MANOR

Street Address: 1717 BARRS ST		City and State: JACKSONVILLE FL 32204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 232	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	Medicare Residents: 5	Medicaid Residents: 156		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	175	78.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	181	81.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	175	78.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	69.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	136	61.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	3.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	28.3	36.9	37.7
Completely bedfast residents.	6	2.7	3.0	3.4
Residents confined to chairs.	136	61.0	49.3	50.8
Residents requiring restraints.	63	28.3	40.4	41.3
Confused or disoriented residents.	96	43.0	61.2	58.4
Residents with bed sores.	14	6.3	7.0	7.1
Residents receiving special skin care.	12	5.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAYLOR CARE CENTER

Street Address: 6535 CHESTER AVENUE		City and State: JACKSONVILLE FL 32217	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 98	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	81.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	94.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	85.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	65.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	61.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	53	44.2	49.3	50.8
Residents requiring restraints.	16	13.3	40.4	41.3
Confused or disoriented residents.	73	60.8	61.2	58.4
Residents with bed sores.	3	2.5	7.0	7.1
Residents receiving special skin care.	64	53.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TURTLE CREEK HEALTH CARE CENTER

Street Address: 11565 HARTS RD		City and State: JACKSONVILLE FL 32218	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	Medicare Residents: 0	Medicaid Residents: 152	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	88.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	71.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	63.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	55.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	63.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	13.2	36.9	37.7
Completely bedfast residents.	2	1.1	3.0	3.4
Residents confined to chairs.	106	60.9	49.3	50.8
Residents requiring restraints.	60	34.5	40.4	41.3
Confused or disoriented residents.	66	37.9	61.2	58.4
Residents with bed sores.	9	5.2	7.0	7.1
Residents receiving special skin care.	32	18.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUWANNEE VALLEY NURSING CTR

Street Address: 427 NW 15TH AVE DRAWER 1058		City and State: JASPER FL 32052	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
59	0	49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing Residents requiring some or total assistance in bathing.	41	69.5	81.5	81.5	
Dressing Residents requiring some or total assistance in dressing.	36	61.0	84.3	83.2	
Toileting Residents requiring some or total assistance in toileting.	32	54.2	76.6	73.8	
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	54.2	75.8	77.2	
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	35.6	70.0	68.2	
Residents on individually written bowel and bladder retraining program.	9	15.3	4.9	4.6	
Eating Residents receiving tube feedings or requiring assistance with eating.	10	16.9	36.9	37.7	
Completely bedfast residents.	0	0.0	3.0	3.4	
Residents confined to chairs.	41	69.5	49.3	50.8	
Residents requiring restraints.	19	32.2	40.4	41.3	
Confused or disoriented residents.	25	42.4	61.2	58.4	
Residents with bed sores.	0	0.0	7.0	7.1	
Residents receiving special skin care.	2	3.4	31.2	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE WATERFORD HEALTH CENTER

Street Address: 601 SOUTH US HIGHWAY 1		City and State: JUNO BEACH FL 33408	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 3	Medicaid Residents: 3	
------------------------------------------------	---------------------------------	---------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	75.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	63.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	37	63.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	15.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	17.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	21	36.2	49.3	50.8
Residents requiring restraints.	18	31.0	40.4	41.3
Confused or disoriented residents.	21	36.2	61.2	58.4
Residents with bed sores.	3	5.2	7.0	7.1
Residents receiving special skin care.	3	5.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JUPITER CARE CENTER

Street Address: 17781 YANCY STREET		City and State: JUPITER FL 33458	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 56
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	90.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	89.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	85.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	85.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	86.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	36.4	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	41	46.6	49.3	50.8
Residents requiring restraints.	11	12.5	40.4	41.3
Confused or disoriented residents.	43	48.9	61.2	58.4
Residents with bed sores.	5	5.7	7.0	7.1
Residents receiving special skin care.	88	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JUPITER CONVALESCENT PAVILION INC

Street Address: 1230 SOUTH OLD DIXIE HIGHWAY		City and State: JUPITER FL 33458	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 5	Medicaid Residents: 24	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	90.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	91	79.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	79.8	75.8	77.2
Contenance Residents with catheters or partial or total loss of bowel or bladder control.	61	53.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	25.4	36.9	37.7
Completely bedfast residents.	5	4.4	3.0	3.4
Residents confined to chairs.	53	46.5	49.3	50.8
Residents requiring restraints.	73	64.0	40.4	41.3
Confused or disoriented residents.	71	62.3	61.2	58.4
Residents with bed sores.	2	1.8	7.0	7.1
Residents receiving special skin care.	9	7.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KEY WEST CONVALESCENT CENTER

Street Address: 5860 W JUNIOR COLLEGE ROAD		City and State: KEY WEST FL 33040	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 2	Medicaid Residents: 82
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	86.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	74.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	76.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	75.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	7.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	36.5	36.9	37.7
Completely bedfast residents.	11	9.6	3.0	3.4
Residents confined to chairs.	41	35.7	49.3	50.8
Residents requiring restraints.	35	30.4	40.4	41.3
Confused or disoriented residents.	78	67.8	61.2	58.4
Residents with bed sores.	10	8.7	7.0	7.1
Residents receiving special skin care.	33	28.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JOHN MILTON NH

Street Address: 1120 W DONEGAN AVE		City and State: KISSIMMEE FL 32741	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 149	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	Medicare Residents: 2	Medicaid Residents: 102	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	68.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	84.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	102	79.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	79.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	79.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	9.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	38.0	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	55	42.6	49.3	50.8
Residents requiring restraints.	46	35.7	40.4	41.3
Confused or disoriented residents.	41	31.8	61.2	58.4
Residents with bed sores.	14	10.9	7.0	7.1
Residents receiving special skin care.	21	16.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KISSIMMEE GOOD SAMARITAN NURSING CTR

Street Address: 1500 SOUTHGATE DRIVE		City and State: KISSIMMEE FL 32741	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 170	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	Medicare Residents: 0	Medicaid Residents: 108		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	80.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	80.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	68.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	67.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	79.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	11	6.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	29.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	72	43.6	49.3	50.8
Residents requiring restraints.	85	51.5	40.4	41.3
Confused or disoriented residents.	129	78.2	61.2	58.4
Residents with bed sores.	3	1.8	7.0	7.1
Residents receiving special skin care.	44	26.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KISSIMMEE HEALTHCARE CENTER

Street Address: 320 N MITCHELL ST		City and State: KISSIMMEE FL 32471	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 39		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	73.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	86.8	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	75.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	81.1	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	77.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	64.2	36.9	37.7
Completely bedfast residents.	3	5.7	3.0	3.4
Residents confined to chairs.	21	39.6	49.3	50.8
Residents requiring restraints.	14	26.4	40.4	41.3
Confused or disoriented residents.	35	66.0	61.2	58.4
Residents with bed sores.	6	11.3	7.0	7.1
Residents receiving special skin care.	53	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWBROOK MANOR OF LA BELLE

Street Address: 250 BROWARD AV		City and State: LA BELLE FL 33935	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 33	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	69.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	27	69.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	26	66.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	66.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.8	36.9	37.7
Completely bedfast residents.	1	2.6	3.0	3.4
Residents confined to chairs.	22	56.4	49.3	50.8
Residents requiring restraints.	13	33.3	40.4	41.3
Confused or disoriented residents.	8	20.5	61.2	58.4
Residents with bed sores.	3	7.7	7.0	7.1
Residents receiving special skin care.	8	20.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE ALFRED RESTORIUM

Street Address: 350 W HAINES BLVD		City and State: LAKE ALFRED FL 33850	
Participation: MEDICAID SNF/ICF	# of Beds: 31	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	Medicare Residents: 0	Medicaid Residents: 9
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	25	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	25	100	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	96.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	48.0	36.9	37.7
Completely bedfast residents.	1	4.0	3.0	3.4
Residents confined to chairs.	3	12.0	49.3	50.8
Residents requiring restraints.	13	52.0	40.4	41.3
Confused or disoriented residents.	24	96.0	61.2	58.4
Residents with bed sores.	1	4.0	7.0	7.1
Residents receiving special skin care.	7	28.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TANGLEWOOD CARE CENTER

Street Address: 2400 S 1ST AVE		City and State: LAKE CITY FL 32055	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 95	Type of Ownership: PROPRIETARY	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 79		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	93.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	80.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	78.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	77.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	37.8	36.9	37.7
Completely bedfast residents.	4	4.4	3.0	3.4
Residents confined to chairs.	52	57.8	49.3	50.8
Residents requiring restraints.	43	47.8	40.4	41.3
Confused or disoriented residents.	35	38.9	61.2	58.4
Residents with bed sores.	6	6.7	7.0	7.1
Residents receiving special skin care.	25	27.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HELEN WILKES RESIDENCE

Street Address: 750 BAYBERRY DRIVE		City and State: LAKE PARK FL 33403	
Participation: MEDICAID SNF/ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 0	Medicaid Residents: 8	
------------------------------------------------	---------------------------------	---------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	71.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	85.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	83.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	74.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	64.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	35.1	36.9	37.7
Completely bedfast residents.	2	2.7	3.0	3.4
Residents confined to chairs.	30	40.5	49.3	50.8
Residents requiring restraints.	36	48.6	40.4	41.3
Confused or disoriented residents.	46	62.2	61.2	58.4
Residents with bed sores.	7	9.5	7.0	7.1
Residents receiving special skin care.	28	37.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE PLACID HEALTH CARE CENTER

Street Address: 125 TOMOKA BOULEVARD SOUTH		City and State: LAKE PLACID FL 33852	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	0	82		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	79.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	75.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	64.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	33.0	36.9	37.7
Completely bedfast residents.	3	3.2	3.0	3.4
Residents confined to chairs.	24	25.5	49.3	50.8
Residents requiring restraints.	56	59.6	40.4	41.3
Confused or disoriented residents.	45	47.9	61.2	58.4
Residents with bed sores.	1	1.1	7.0	7.1
Residents receiving special skin care.	33	35.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE WALES CONVALESCENT CENTER

Street Address: 730 N SCENIC HIGHWAY		City and State: LAKE WALES FL 33853	
Participation: MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 70
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	73.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	72.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	59.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	54.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	60.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	25.3	36.9	37.7
Completely bedfast residents.	3	3.0	3.0	3.4
Residents confined to chairs.	6	6.1	49.3	50.8
Residents requiring restraints.	33	33.3	40.4	41.3
Confused or disoriented residents.	64	64.6	61.2	58.4
Residents with bed sores.	4	4.0	7.0	7.1
Residents receiving special skin care.	25	25.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE WALES HOSP ECF

Street Address: 414 S 11TH ST		City and State: LAKE WALES FL 33853	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 4	Medicaid Residents: 60
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	75.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	81.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	65.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	57.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	24.1	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	23	19.8	49.3	50.8
Residents requiring restraints.	37	31.9	40.4	41.3
Confused or disoriented residents.	63	54.3	61.2	58.4
Residents with bed sores.	8	6.9	7.0	7.1
Residents receiving special skin care.	78	67.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGE CONVALESCENT CENTER

Street Address: 512 S 11TH ST		City and State: LAKE WALES FL 33853	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 85	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	84.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	88	73.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	78.2	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	78.2	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	60.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	85	71.4	49.3	50.8
Residents requiring restraints.	70	58.8	40.4	41.3
Confused or disoriented residents.	86	72.3	61.2	58.4
Residents with bed sores.	7	5.9	7.0	7.1
Residents receiving special skin care.	8	6.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICAN FINNISH NH

Street Address: 1800 SOUTH DR		City and State: LAKE WORTH FL 33461	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 28	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	96.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	96.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	49	83.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	83.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	6.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	34	57.6	49.3	50.8
Residents requiring restraints.	45	76.3	40.4	41.3
Confused or disoriented residents.	41	69.5	61.2	58.4
Residents with bed sores.	2	3.4	7.0	7.1
Residents receiving special skin care.	4	6.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CREST MANOR NH

Street Address: 504 3RD AVE S		City and State: LAKE WORTH FL 33460	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 47
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	76.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	89.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	76.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	54.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	51.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	7.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	38	55.9	49.3	50.8
Residents requiring restraints.	37	54.4	40.4	41.3
Confused or disoriented residents.	57	83.8	61.2	58.4
Residents with bed sores.	8	11.8	7.0	7.1
Residents receiving special skin care.	38	55.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASON NH INC

Street Address: 1711 6TH AVE S		City and State: LAKE WORTH FL 33460	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 0	Medicaid Residents: 36
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	72.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	82	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	75.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	67.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	58.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	16	17.0	49.3	50.8
Residents requiring restraints.	25	26.6	40.4	41.3
Confused or disoriented residents.	48	51.1	61.2	58.4
Residents with bed sores.	2	2.1	7.0	7.1
Residents receiving special skin care.	16	17.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE WORTH HEALTHCARE CENTER

Street Address: 2501 NORTH A STREET		City and State: LAKE WORTH FL 33460	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 162	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	Medicare Residents: 2	Medicaid Residents: 117		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	81.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	125	81.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	111	72.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	73.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	70.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	36.6	36.9	37.7
Completely bedfast residents.	4	2.6	3.0	3.4
Residents confined to chairs.	111	72.5	49.3	50.8
Residents requiring restraints.	92	60.1	40.4	41.3
Confused or disoriented residents.	108	70.6	61.2	58.4
Residents with bed sores.	15	9.8	7.0	7.1
Residents receiving special skin care.	57	37.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACLEN REHABILITATION CENTER

Street Address: 1201 12TH AVE SOUTH		City and State: LAKE WORTH FL 33460	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 0	Medicaid Residents: 98	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	90.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	101	91.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	72.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	72.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	65.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	20.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	17	15.5	49.3	50.8
Residents requiring restraints.	26	23.6	40.4	41.3
Confused or disoriented residents.	77	70.0	61.2	58.4
Residents with bed sores.	7	6.4	7.0	7.1
Residents receiving special skin care.	6	5.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDICANA NURSING CENTER

Street Address: 1710 LUCERNE AVE		City and State: LAKE WORTH FL 33460	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 11	Medicaid Residents: 18
-------------------------------------------------	----------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	70.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	90.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	82.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	83.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	66.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	10.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	31.8	36.9	37.7
Completely bedfast residents.	3	2.7	3.0	3.4
Residents confined to chairs.	32	29.1	49.3	50.8
Residents requiring restraints.	44	40.0	40.4	41.3
Confused or disoriented residents.	42	38.2	61.2	58.4
Residents with bed sores.	5	4.5	7.0	7.1
Residents receiving special skin care.	27	24.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY HEALTH CARE CENTER

Street Address: 3599 CONGRESS AVE		City and State: LAKE WORTH FL 33460	
Participation: MEDICAID SNF/ICF	# of Beds: 168	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	Medicare Residents: 0	Medicaid Residents: 141
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	92.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	82.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	72.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	67.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	49.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	4.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	28.4	36.9	37.7
Completely bedfast residents.	6	3.7	3.0	3.4
Residents confined to chairs.	72	44.4	49.3	50.8
Residents requiring restraints.	42	25.9	40.4	41.3
Confused or disoriented residents.	139	85.8	61.2	58.4
Residents with bed sores.	11	6.8	7.0	7.1
Residents receiving special skin care.	38	23.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUTTON PLACE CONVALESCENT CENTER

Street Address: 4405 LAKEWOOD RD		City and State: LAKE WORTH FL 33461	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 1	Medicaid Residents: 52	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	83.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	91.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	91.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	84.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	91.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	15	12.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	27.1	36.9	37.7
Completely bedfast residents.	4	3.4	3.0	3.4
Residents confined to chairs.	23	19.5	49.3	50.8
Residents requiring restraints.	39	33.1	40.4	41.3
Confused or disoriented residents.	57	48.3	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	118	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORIDA PRESBYTERIAN HOMES

Street Address: 1919 LAKELAND HILLS BLVD		City and State: LAKELAND FL 33801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 1	Medicaid Residents: 44
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	98.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	95.7	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	89.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	94.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	41.7	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	46	40.0	49.3	50.8
Residents requiring restraints.	40	34.8	40.4	41.3
Confused or disoriented residents.	73	63.5	61.2	58.4
Residents with bed sores.	7	6.1	7.0	7.1
Residents receiving special skin care.	15	13.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IMPERIAL VILLAGE CARE CTR

Street Address: 5245 SOCRUM LOOP RD		City and State: LAKELAND FL 33805	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 45		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	89.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	84.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	65.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	61.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	8.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.0	36.9	37.7
Completely bedfast residents.	1	1.0	3.0	3.4
Residents confined to chairs.	53	55.2	49.3	50.8
Residents requiring restraints.	43	44.8	40.4	41.3
Confused or disoriented residents.	56	58.3	61.2	58.4
Residents with bed sores.	7	7.3	7.0	7.1
Residents receiving special skin care.	24	25.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKELAND CONVALESCENT CENTER

Street Address: 610 E BELLA VISTA DRIVE		City and State: LAKELAND FL 33801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 78
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	95.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	93.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	72.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	86.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	75.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	16.8	36.9	37.7
Completely bedfast residents.	3	2.5	3.0	3.4
Residents confined to chairs.	63	52.9	49.3	50.8
Residents requiring restraints.	64	53.8	40.4	41.3
Confused or disoriented residents.	91	76.5	61.2	58.4
Residents with bed sores.	1	0.8	7.0	7.1
Residents receiving special skin care.	51	42.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKELAND HEALTH CARE CENTER

Street Address: 1530 KENNEDY BLVD		City and State: LAKELAND FL 33802	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: PROPRIETARY	Survey Date: 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 282	Medicare Residents: 7	Medicaid Residents: 233
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	223	79.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	228	80.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	212	75.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	219	77.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	176	62.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	50	17.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	105	37.2	36.9	37.7
Completely bedfast residents.	1	0.4	3.0	3.4
Residents confined to chairs.	128	45.4	49.3	50.8
Residents requiring restraints.	91	32.3	40.4	41.3
Confused or disoriented residents.	208	73.8	61.2	58.4
Residents with bed sores.	30	10.6	7.0	7.1
Residents receiving special skin care.	100	35.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ATLANTIS NSG CTR

Street Address: 6026 OLD CONGRESS RD		City and State: LANTANA FL 33462	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 1	Medicaid Residents: 60
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	82.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	89	76.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	70.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	9	7.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.8	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	61	52.1	49.3	50.8
Residents requiring restraints.	55	47.0	40.4	41.3
Confused or disoriented residents.	79	67.5	61.2	58.4
Residents with bed sores.	8	6.8	7.0	7.1
Residents receiving special skin care.	11	9.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGE TERRACE HEALTH CARE CTR

Street Address: 2180 HYPOLUXO RD		City and State: LANTANA FL 33462	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 85
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	98	87.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	68.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	87.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	57.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	14	12.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	36	32.1	49.3	50.8
Residents requiring restraints.	37	33.0	40.4	41.3
Confused or disoriented residents.	70	62.5	61.2	58.4
Residents with bed sores.	4	3.6	7.0	7.1
Residents receiving special skin care.	5	4.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK MANOR NURSING CENTER

Street Address: 3500 OAK MANOR LANE		City and State: LARGO FL 33544	
Participation: MEDICARE SNF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	Medicare Residents: 4	Medicaid Residents: 0
-------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	83.7	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	137	89.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	129	84.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	80.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	81.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	3.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	38.6	36.9	37.7
Completely bedfast residents.	7	4.6	3.0	3.4
Residents confined to chairs.	63	41.2	49.3	50.8
Residents requiring restraints.	87	56.9	40.4	41.3
Confused or disoriented residents.	116	75.8	61.2	58.4
Residents with bed sores.	5	3.3	7.0	7.1
Residents receiving special skin care.	22	14.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GARDEN LARGO

Street Address: 10500 STARKEY RD		City and State: LARGO FL 33542	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 78	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 6	Medicaid Residents: 10	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	75.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	71.4	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	66.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	58.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	37.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	14	25.0	49.3	50.8
Residents requiring restraints.	4	7.1	40.4	41.3
Confused or disoriented residents.	37	66.1	61.2	58.4
Residents with bed sores.	8	14.3	7.0	7.1
Residents receiving special skin care.	26	46.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIERRA PINES NURSING CENTER

Street Address: 7625 ULMERTON RD		City and State: LARGO FL 33541	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 88
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	97.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	106	89.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	94	79.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	70.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	73.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	37.0	36.9	37.7
Completely bedfast residents.	5	4.2	3.0	3.4
Residents confined to chairs.	87	73.1	49.3	50.8
Residents requiring restraints.	60	50.4	40.4	41.3
Confused or disoriented residents.	91	76.5	61.2	58.4
Residents with bed sores.	5	4.2	7.0	7.1
Residents receiving special skin care.	1	0.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE HEALTH CENTER AT BRENTWOOD

Street Address: 2333 N BRENTWOOD CIRCLE		City and State: LECANTO FL 32661	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 7	Medicaid Residents: 22
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	89.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	87.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	87.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	87.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	8.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	37.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	28	50.0	49.3	50.8
Residents requiring restraints.	39	69.6	40.4	41.3
Confused or disoriented residents.	32	57.1	61.2	58.4
Residents with bed sores.	6	10.7	7.0	7.1
Residents receiving special skin care.	29	51.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEESBURG HEALTH CARE CENTER

Street Address: 2000 EDGEWOOD AVE		City and State: LEESBURG FL 32748	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 99
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	82.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	83.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	82.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	88.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	64.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	39.1	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	38	33.0	49.3	50.8
Residents requiring restraints.	32	27.8	40.4	41.3
Confused or disoriented residents.	31	27.0	61.2	58.4
Residents with bed sores.	8	7.0	7.0	7.1
Residents receiving special skin care.	36	31.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEESBURG NURSING CENTER

Street Address: 715 E DIXIE AV		City and State: LEESBURG FL 32748	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 2	Medicaid Residents: 51
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	66.4	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	77.6	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	68.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	56.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	40.5	36.9	37.7
Completely bedfast residents.	5	4.3	3.0	3.4
Residents confined to chairs.	38	32.8	49.3	50.8
Residents requiring restraints.	40	34.5	40.4	41.3
Confused or disoriented residents.	46	39.7	61.2	58.4
Residents with bed sores.	2	1.7	7.0	7.1
Residents receiving special skin care.	12	10.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CROSS KEY MANOR

Street Address: 1515 LEE BOULEVARD		City and State: LEHIGH ACRES FL 33936	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 1	Medicaid Residents: 62
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	65.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	76.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	84.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	76.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	84.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	52	50.5	49.3	50.8
Residents requiring restraints.	71	68.9	40.4	41.3
Confused or disoriented residents.	71	68.9	61.2	58.4
Residents with bed sores.	3	2.9	7.0	7.1
Residents receiving special skin care.	103	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SURREY PLACE CONVAL CTR

Street Address: 110 SE LEE AVE		City and State: LIVE OAK FL 32060	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 25	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	93.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	61.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	64.5	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.1	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	8	25.8	49.3	50.8
Residents requiring restraints.	4	12.9	40.4	41.3
Confused or disoriented residents.	8	25.8	61.2	58.4
Residents with bed sores.	3	9.7	7.0	7.1
Residents receiving special skin care.	5	16.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUWANNEE HEALTH CARE CENTER

Street Address: 1620 HELVENSTON ST		City and State: LIVE OAK FL 32060	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 108
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	83.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	83.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	83	70.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	56.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	56.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	41.5	36.9	37.7
Completely bedfast residents.	5	4.2	3.0	3.4
Residents confined to chairs.	58	49.2	49.3	50.8
Residents requiring restraints.	34	28.8	40.4	41.3
Confused or disoriented residents.	70	59.3	61.2	58.4
Residents with bed sores.	8	6.8	7.0	7.1
Residents receiving special skin care.	17	14.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONGWOOD HEALTH CARE CENTER

Street Address: 1520 GRANT ST		City and State: LONGWOOD FL 32750	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
104	3	71		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	68.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	76.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	71.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	67.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	49.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.8	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	32.7	36.9	37.7
Completely bedfast residents.	20	19.2	3.0	3.4
Residents confined to chairs.	48	46.2	49.3	50.8
Residents requiring restraints.	43	41.3	40.4	41.3
Confused or disoriented residents.	34	32.7	61.2	58.4
Residents with bed sores.	9	8.7	7.0	7.1
Residents receiving special skin care.	22	21.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE ON THE GREEN HEALTH CARE CTR

Street Address: 500 VILLAGE PLACE		City and State: LONGWOOD FL 32779	
Participation: MEDICARE SNF/ICF	# of Beds: 30	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	15	88.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	10	58.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	58.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	41.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	11.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	29.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	3	17.6	49.3	50.8
Residents requiring restraints.	2	11.8	40.4	41.3
Confused or disoriented residents.	9	52.9	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	4	23.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE W FRANK WELLS NH

Street Address: 159 N 3RD ST		City and State: MACCLENNY FL 32063	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 68	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 6	Medicaid Residents: 52		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	97.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	83.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	92.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	95.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	77.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	77.3	36.9	37.7
Completely bedfast residents.	4	6.1	3.0	3.4
Residents confined to chairs.	43	65.2	49.3	50.8
Residents requiring restraints.	43	65.2	40.4	41.3
Confused or disoriented residents.	56	84.8	61.2	58.4
Residents with bed sores.	1	1.5	7.0	7.1
Residents receiving special skin care.	16	24.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADISON NURSING CENTER

Street Address: P O BOX 914 U S HWY 90 W		City and State: MADISON FL 32340	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 56
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	46	82.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	38	67.9	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	32.1	36.9	37.7
Completely bedfast residents.	3	5.4	3.0	3.4
Residents confined to chairs.	3	5.4	49.3	50.8
Residents requiring restraints.	21	37.5	40.4	41.3
Confused or disoriented residents.	28	50.0	61.2	58.4
Residents with bed sores.	0	0.0	7.0	7.1
Residents receiving special skin care.	10	17.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARATHON MANOR

Street Address: 320 SOMBRERO BEACH ROAD		City and State: MARATHON FL 33050	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
45	0	25			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	84.4	81.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		29	64.4	84.3	83.2
Toileting					
Residents requiring some or total assistance in toileting.		28	62.2	76.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	64.4	75.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	48.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.		4	8.9	4.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	22.2	36.9	37.7
Completely bedfast residents.		0	0.0	3.0	3.4
Residents confined to chairs.		16	35.6	49.3	50.8
Residents requiring restraints.		12	26.7	40.4	41.3
Confused or disoriented residents.		23	51.1	61.2	58.4
Residents with bed sores.		3	6.7	7.0	7.1
Residents receiving special skin care.		20	44.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR OF MARGATE

Street Address: 5951 COLONIAL DRIVE		City and State: MARGATE FL 33060	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	2	35		
	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	80.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	87.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	85.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	83.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	81.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	35.1	36.9	37.7
Completely bedfast residents.	1	0.9	3.0	3.4
Residents confined to chairs.	67	58.8	49.3	50.8
Residents requiring restraints.	30	26.3	40.4	41.3
Confused or disoriented residents.	67	58.8	61.2	58.4
Residents with bed sores.	6	5.3	7.0	7.1
Residents receiving special skin care.	41	36.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIANNA CONVALESCENT CENTER

Street Address: 805 5TH ST DRAWER L		City and State: MARIANNA FL 32446	
Participation: MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	Medicare Residents: 0	Medicaid Residents: 153
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	79.3	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	83.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	82.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	86.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	57.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	12	6.9	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	46.0	36.9	37.7
Completely bedfast residents.	13	7.5	3.0	3.4
Residents confined to chairs.	84	48.3	49.3	50.8
Residents requiring restraints.	47	27.0	40.4	41.3
Confused or disoriented residents.	111	63.8	61.2	58.4
Residents with bed sores.	7	4.0	7.0	7.1
Residents receiving special skin care.	99	56.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARNEGIE GARDENS NH

Street Address: 1415 S HICKORY ST		City and State: MELBOURNE FL 32901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: PROPRIETARY	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
133	2	95		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	98.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	124	93.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	111	83.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	88.7	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	74.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	36.1	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	96	72.2	49.3	50.8
Residents requiring restraints.	88	66.2	40.4	41.3
Confused or disoriented residents.	119	89.5	61.2	58.4
Residents with bed sores.	13	9.8	7.0	7.1
Residents receiving special skin care.	80	60.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FL CONVALESCENT HOME

Street Address: 516 E SHERIDAN RD		City and State: MELBOURNE FL 32901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 39		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	86.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	44	75.9	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	52	89.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	77.6	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	41.4	36.9	37.7
Completely bedfast residents.	2	3.4	3.0	3.4
Residents confined to chairs.	34	58.6	49.3	50.8
Residents requiring restraints.	16	27.6	40.4	41.3
Confused or disoriented residents.	29	50.0	61.2	58.4
Residents with bed sores.	6	10.3	7.0	7.1
Residents receiving special skin care.	24	41.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDIC HOME HEALTH CENTER OF MELBOURNE

Street Address: 1420 S OAK ST		City and State: MELBOURNE FL 32901	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 52
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	98.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	89.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	69.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	66.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	58.9	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.7	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	29.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	54	50.5	49.3	50.8
Residents requiring restraints.	35	32.7	40.4	41.3
Confused or disoriented residents.	64	59.8	61.2	58.4
Residents with bed sores.	8	7.5	7.0	7.1
Residents receiving special skin care.	23	21.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST MELBOURNE HEALTH CARE CENTER

Street Address: 2125 NEW HAVEN AVE		City and State: MELBOURNE FL 32901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 0	Medicaid Residents: 28
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	98.2	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	86.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	74.6	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	70.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	71.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	24.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	58	50.9	49.3	50.8
Residents requiring restraints.	68	59.6	40.4	41.3
Confused or disoriented residents.	92	80.7	61.2	58.4
Residents with bed sores.	7	6.1	7.0	7.1
Residents receiving special skin care.	77	67.5	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COURTENAY SPRINGS INC

Street Address: 1100 S COURTENAY PARKWAY		City and State: MERRITT ISLAND FL 32952	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 57
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	72.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	61	71.8	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	55	64.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	85.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	56.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.4	36.9	37.7
Completely bedfast residents.	1	1.2	3.0	3.4
Residents confined to chairs.	17	20.0	49.3	50.8
Residents requiring restraints.	25	29.4	40.4	41.3
Confused or disoriented residents.	29	34.1	61.2	58.4
Residents with bed sores.	1	1.2	7.0	7.1
Residents receiving special skin care.	5	5.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERRITT MANOR NH

Street Address: 125 ALMA BLVD		City and State: MERRITT ISLAND FL 32952	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 87	
-------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	88.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	92	78.6	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	68.4	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	35.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	65	55.6	49.3	50.8
Residents requiring restraints.	42	35.9	40.4	41.3
Confused or disoriented residents.	82	70.1	61.2	58.4
Residents with bed sores.	3	2.6	7.0	7.1
Residents receiving special skin care.	20	17.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEM CARE CENTER

Street Address: 550 9TH ST		City and State: MIAMI BEACH FL 33139	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 196	Type of Ownership: PROPRIETARY	Survey Date: 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	Medicare Residents: 2	Medicaid Residents: 142
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	92.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	141	79.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	140	79.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	71.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	69.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	23	13.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	40.7	36.9	37.7
Completely bedfast residents.	7	4.0	3.0	3.4
Residents confined to chairs.	83	46.9	49.3	50.8
Residents requiring restraints.	47	26.6	40.4	41.3
Confused or disoriented residents.	135	76.3	61.2	58.4
Residents with bed sores.	8	4.5	7.0	7.1
Residents receiving special skin care.	37	20.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIAMI BEACH HEBREW HOME FOR THE AGED

Street Address: 320 COLLINS AVE		City and State: MIAMI BEACH FL 33139	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 5	Medicaid Residents: 70
-------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	90.1	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	86	85.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	94.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	85.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	58.4	36.9	37.7
Completely bedfast residents.	2	2.0	3.0	3.4
Residents confined to chairs.	1	1.0	49.3	50.8
Residents requiring restraints.	42	41.6	40.4	41.3
Confused or disoriented residents.	83	82.2	61.2	58.4
Residents with bed sores.	10	9.9	7.0	7.1
Residents receiving special skin care.	2	2.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHPOINT MANOR

Street Address: 42 COLLINS AVE		City and State: MIAMI BEACH FL 33139	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 230	Type of Ownership: PROPRIETARY	Survey Date: 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	Medicare Residents: 8	Medicaid Residents: 184
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	59.1	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	170	77.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	165	75.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	79.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	148	67.3	70.0	68.2
Residents on individually written bowel and bladder retraining program.	16	7.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	131	59.5	36.9	37.7
Completely bedfast residents.	1	0.5	3.0	3.4
Residents confined to chairs.	169	76.8	49.3	50.8
Residents requiring restraints.	124	56.4	40.4	41.3
Confused or disoriented residents.	147	66.8	61.2	58.4
Residents with bed sores.	13	5.9	7.0	7.1
Residents receiving special skin care.	74	33.6	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDERSON HEALTH CARE CENTER

Street Address: 8401 NW 27TH AVE		City and State: MIAMI FL 33147	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 40
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	97.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	92.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	25	62.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	47.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	80.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	10.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	27.5	36.9	37.7
Completely bedfast residents.	1	2.5	3.0	3.4
Residents confined to chairs.	23	57.5	49.3	50.8
Residents requiring restraints.	11	27.5	40.4	41.3
Confused or disoriented residents.	33	82.5	61.2	58.4
Residents with bed sores.	2	5.0	7.0	7.1
Residents receiving special skin care.	8	20.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANGELL CARE OF FOUNTAINHEAD

Street Address: 390 NE 135TH ST		City and State: MIAMI FL 33161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 146	Type of Ownership: PROPRIETARY	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 54		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	83.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	89.7	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	70.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	71.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	66.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	36.9	37.7
Completely bedfast residents.	3	3.4	3.0	3.4
Residents confined to chairs.	49	56.3	49.3	50.8
Residents requiring restraints.	37	42.5	40.4	41.3
Confused or disoriented residents.	64	73.6	61.2	58.4
Residents with bed sores.	4	4.6	7.0	7.1
Residents receiving special skin care.	74	85.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARCH CREEK NH

Street Address: 12505 NE 16 AVE		City and State: MIAMI FL 33161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 3	Medicaid Residents: 40		
-------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	89.4	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	95	91.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	73.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	77.9	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	78.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	10	9.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	58.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	67	64.4	49.3	50.8
Residents requiring restraints.	59	56.7	40.4	41.3
Confused or disoriented residents.	55	52.9	61.2	58.4
Residents with bed sores.	2	1.9	7.0	7.1
Residents receiving special skin care.	2	1.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASHLEY MANOR CARE CENTER

Street Address: 8785 NW 32ND AVENUE		City and State: MIAMI FL 33147	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 3	Medicaid Residents: 112
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	69.6	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	100	87.0	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	100	87.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	84.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	88.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	67.8	36.9	37.7
Completely bedfast residents.	3	2.6	3.0	3.4
Residents confined to chairs.	40	34.8	49.3	50.8
Residents requiring restraints.	44	38.3	40.4	41.3
Confused or disoriented residents.	68	59.1	61.2	58.4
Residents with bed sores.	8	7.0	7.0	7.1
Residents receiving special skin care.	7	6.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAY SHORE CONVALESCENT CENTER

Street Address: 16650 W DIXIE HIGHWAY		City and State: MIAMI FL 33162	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 1	Medicaid Residents: 113	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	88.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	87.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	75.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	75.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	75.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	25.8	36.9	37.7
Completely bedfast residents.	1	0.8	3.0	3.4
Residents confined to chairs.	106	80.3	49.3	50.8
Residents requiring restraints.	53	40.2	40.4	41.3
Confused or disoriented residents.	105	79.5	61.2	58.4
Residents with bed sores.	10	7.6	7.0	7.1
Residents receiving special skin care.	96	72.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORAL GABLES CONVALESCENT HOME

Street Address: 7060 SW 8TH ST		City and State: MIAMI FL 33144	
Participation: MEDICARE SNF	# of Beds: 87	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 1	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	78.9	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	67	94.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	55	77.5	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	77.5	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	76.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	7.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	28.2	36.9	37.7
Completely bedfast residents.	5	7.0	3.0	3.4
Residents confined to chairs.	25	35.2	49.3	50.8
Residents requiring restraints.	5	7.0	40.4	41.3
Confused or disoriented residents.	12	16.9	61.2	58.4
Residents with bed sores.	6	8.5	7.0	7.1
Residents receiving special skin care.	0	0.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST RIDGE RETIREMENT VILLAGE

Street Address: 19301 SW 87TH AVE		City and State: MIAMI FL 33157	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 1	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	81.5	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	81.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	59.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	81.5	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	68.5	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	31.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	46.3	49.3	50.8
Residents requiring restraints.	17	31.5	40.4	41.3
Confused or disoriented residents.	41	75.9	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	7	13.0	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL PONCE DE LEON CONVALESCENT CTR

Street Address: 335 SW 12TH AVE		City and State: MIAMI FL 33130	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 147	Type of Ownership: PROPRIETARY	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	Medicare Residents: 0	Medicaid Residents: 136
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	52.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	79.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	70.8	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	70.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	79.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	18	12.5	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	56.3	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	102	70.8	49.3	50.8
Residents requiring restraints.	46	31.9	40.4	41.3
Confused or disoriented residents.	108	75.0	61.2	58.4
Residents with bed sores.	4	2.8	7.0	7.1
Residents receiving special skin care.	38	26.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORIDA CLUB CARE CENTER

Street Address: 220 SIERRA DRIVE		City and State: MIAMI FL 33179	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
169	6	126		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	81.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	84.0	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	69.2	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	71.6	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	69.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	17	10.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	49.1	36.9	37.7
Completely bedfast residents.	6	3.6	3.0	3.4
Residents confined to chairs.	49	29.0	49.3	50.8
Residents requiring restraints.	72	42.6	40.4	41.3
Confused or disoriented residents.	81	47.9	61.2	58.4
Residents with bed sores.	13	7.7	7.0	7.1
Residents receiving special skin care.	56	33.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORIDEAN NH

Street Address: 47 NW 32ND PLACE		City and State: MIAMI FL 33125	
Participation: MEDICAID SNF/ICF	# of Beds: 47	Type of Ownership: PROPRIETARY	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 14
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	87.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	28	59.6	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	66.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	53.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	23.4	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	16	34.0	49.3	50.8
Residents requiring restraints.	19	40.4	40.4	41.3
Confused or disoriented residents.	38	80.9	61.2	58.4
Residents with bed sores.	1	2.1	7.0	7.1
Residents receiving special skin care.	29	61.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAMERCY PARK NURSING CTR

Street Address: 17475 S DIXIE HWY		City and State: MIAMI FL 33157	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	Medicare Residents: 0	Medicaid Residents: 151
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	74.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	84.1	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	72.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	69.4	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	74.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	14	8.2	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	36.5	36.9	37.7
Completely bedfast residents.	5	2.9	3.0	3.4
Residents confined to chairs.	114	67.1	49.3	50.8
Residents requiring restraints.	51	30.0	40.4	41.3
Confused or disoriented residents.	102	60.0	61.2	58.4
Residents with bed sores.	14	8.2	7.0	7.1
Residents receiving special skin care.	59	34.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN BRIAR NH INC

Street Address: 9820 N KENDALL DRIVE		City and State: MIAMI FL 33176	
Participation: MEDICARE SNF	# of Beds: 203	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	Medicare Residents: 22	Medicaid Residents: 0
-------------------------------------------------	----------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	85.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	137	89.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	94.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	86.9	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	79.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	54.2	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	60	39.2	49.3	50.8
Residents requiring restraints.	54	35.3	40.4	41.3
Confused or disoriented residents.	93	60.8	61.2	58.4
Residents with bed sores.	12	7.8	7.0	7.1
Residents receiving special skin care.	45	29.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREYNOLDS PARK MANOR REHAB CTR

Street Address: 17400 W DIXIE HIGHWAY		City and State: MIAMI FL 33160	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 324	Type of Ownership: PROPRIETARY	Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 253	Medicare Residents: 16	Medicaid Residents: 177		
-------------------------------------------------	----------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	58.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	191	75.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	193	76.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	179	70.8	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	170	67.2	70.0	68.2
Residents on individually written bowel and bladder retraining program.	74	29.2	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	28.1	36.9	37.7
Completely bedfast residents.	6	2.4	3.0	3.4
Residents confined to chairs.	163	64.4	49.3	50.8
Residents requiring restraints.	79	31.2	40.4	41.3
Confused or disoriented residents.	198	78.3	61.2	58.4
Residents with bed sores.	35	13.8	7.0	7.1
Residents receiving special skin care.	121	47.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEALTHSOUTH REGIONAL REHAB CTR

Street Address: 20601 OLD CUTLER ROAD		City and State: MIAMI FL 33189	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 11	Medicaid Residents: 86
-------------------------------------------------	----------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	82.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	86.4	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	78.8	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	75.4	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	6.8	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	36.4	36.9	37.7
Completely bedfast residents.	2	1.7	3.0	3.4
Residents confined to chairs.	70	59.3	49.3	50.8
Residents requiring restraints.	51	43.2	40.4	41.3
Confused or disoriented residents.	72	61.0	61.2	58.4
Residents with bed sores.	12	10.2	7.0	7.1
Residents receiving special skin care.	86	72.9	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEBREW HOME FOR THE AGED OF N DADE

Street Address: 1800 NE 168TH ST		City and State: MIAMI FL 33162	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 50	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 2	Medicaid Residents: 35		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	100	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	100	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	82.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	88.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	20.0	36.9	37.7
Completely bedfast residents.	2	4.0	3.0	3.4
Residents confined to chairs.	9	18.0	49.3	50.8
Residents requiring restraints.	43	86.0	40.4	41.3
Confused or disoriented residents.	48	96.0	61.2	58.4
Residents with bed sores.	7	14.0	7.0	7.1
Residents receiving special skin care.	50	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE NURSING AND REHAB CENTER

Street Address: 2201 NE 170TH ST		City and State: MIAMI FL 33160	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 1	Medicaid Residents: 72
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	62.2	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	74	82.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	80.0	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	71.1	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	65.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	20.0	36.9	37.7
Completely bedfast residents.	1	1.1	3.0	3.4
Residents confined to chairs.	30	33.3	49.3	50.8
Residents requiring restraints.	26	28.9	40.4	41.3
Confused or disoriented residents.	26	28.9	61.2	58.4
Residents with bed sores.	2	2.2	7.0	7.1
Residents receiving special skin care.	12	13.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUMAN RESOURCES HEALTH CENTER

Street Address: 2500 NW 22ND AV		City and State: MIAMI FL 33142	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 119		
-------------------------------------------------	---------------------------------	-----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	74.8	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	78.5	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	80.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	76.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	77.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	43.0	36.9	37.7
Completely bedfast residents.	3	2.2	3.0	3.4
Residents confined to chairs.	108	80.0	49.3	50.8
Residents requiring restraints.	49	36.3	40.4	41.3
Confused or disoriented residents.	84	62.2	61.2	58.4
Residents with bed sores.	21	15.6	7.0	7.1
Residents receiving special skin care.	135	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON HEIGHTS NH

Street Address: 1404 NW 22ND ST		City and State: MIAMI FL 33142	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 298	Type of Ownership: PROPRIETARY	Survey Date: 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 280	Medicare Residents: 1	Medicaid Residents: 278	
-------------------------------------------------	---------------------------------	-----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	240	85.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	222	79.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	62.1	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	63.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	172	61.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	13	4.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	109	38.9	36.9	37.7
Completely bedfast residents.	12	4.3	3.0	3.4
Residents confined to chairs.	169	60.4	49.3	50.8
Residents requiring restraints.	88	31.4	40.4	41.3
Confused or disoriented residents.	148	52.9	61.2	58.4
Residents with bed sores.	28	10.0	7.0	7.1
Residents receiving special skin care.	58	20.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON MANOR NH

Street Address: 1861 NW 8TH AVE		City and State: MIAMI FL 33152	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	Medicare Residents: 5	Medicaid Residents: 138
-------------------------------------------------	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	86.0	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	139	97.2	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	102	71.3	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	78.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	67.8	70.0	68.2
Residents on individually written bowel and bladder retraining program.	8	5.6	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	24.5	36.9	37.7
Completely bedfast residents.	4	2.8	3.0	3.4
Residents confined to chairs.	61	42.7	49.3	50.8
Residents requiring restraints.	38	26.6	40.4	41.3
Confused or disoriented residents.	96	67.1	61.2	58.4
Residents with bed sores.	16	11.2	7.0	7.1
Residents receiving special skin care.	56	39.2	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LA POSADA CONVALESCENT CENTER

Street Address: 5271 SW 8TH ST		City and State: MIAMI FL 33134	
Participation: MEDICAID SNF/ICF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 48
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	100	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	50	94.3	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	43	81.1	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	94.3	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	54.7	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	38	71.7	49.3	50.8
Residents requiring restraints.	32	60.4	40.4	41.3
Confused or disoriented residents.	45	84.9	61.2	58.4
Residents with bed sores.	1	1.9	7.0	7.1
Residents receiving special skin care.	53	100	31.2	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIAMI JEWISH HOME HOSP FOR THE AGED

Street Address: 151 NE 52ND ST		City and State: MIAMI FL 33137	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 454	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
450	13	250			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		389	86.4	81.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		326	72.4	84.3	83.2
Toileting					
Residents requiring some or total assistance in toileting.		279	62.0	76.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		271	60.2	75.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		228	50.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.		17	3.8	4.9	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		206	45.8	36.9	37.7
Completely bedfast residents.		2	0.4	3.0	3.4
Residents confined to chairs.		193	42.9	49.3	50.8
Residents requiring restraints.		22	4.9	40.4	41.3
Confused or disoriented residents.		181	40.2	61.2	58.4
Residents with bed sores.		12	2.7	7.0	7.1
Residents receiving special skin care.		125	27.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH SHORE NH

Street Address: 9380 NW 7TH AV		City and State: MIAMI FL 33150	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 0	Medicaid Residents: 83		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	72.9	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	80.2	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	74.0	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	75.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.0	36.9	37.7
Completely bedfast residents.	4	4.2	3.0	3.4
Residents confined to chairs.	74	77.1	49.3	50.8
Residents requiring restraints.	44	45.8	40.4	41.3
Confused or disoriented residents.	71	74.0	61.2	58.4
Residents with bed sores.	10	10.4	7.0	7.1
Residents receiving special skin care.	9	9.4	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALMS CONVALESCENT HOME

Street Address: 14601 NE 16TH AVE		City and State: MIAMI FL 33161	
Participation: MEDICAID SNF/ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 51
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	21.3	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	75	100	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	74.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	74.7	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	48.0	36.9	37.7
Completely bedfast residents.	2	2.7	3.0	3.4
Residents confined to chairs.	36	48.0	49.3	50.8
Residents requiring restraints.	25	33.3	40.4	41.3
Confused or disoriented residents.	48	64.0	61.2	58.4
Residents with bed sores.	3	4.0	7.0	7.1
Residents receiving special skin care.	11	14.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PERDUE MEDICAL CENTER

Street Address: 19590 SW OLD CUTLER ROAD		City and State: MIAMI FL 33157	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 163	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	1	129		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	94.1	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	84.3	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	82.4	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	92.8	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	82.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	51.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	117	76.5	49.3	50.8
Residents requiring restraints.	66	43.1	40.4	41.3
Confused or disoriented residents.	112	73.2	61.2	58.4
Residents with bed sores.	10	6.5	7.0	7.1
Residents receiving special skin care.	17	11.1	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINECREST CONVALESCENT HOME

Street Address: 13850 NE 3RD COURT		City and State: MIAMI FL 33161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 0	Medicaid Residents: 54		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	88.0	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	86.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	75.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	68.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	65.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	8.4	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.5	36.9	37.7
Completely bedfast residents.	3	3.6	3.0	3.4
Residents confined to chairs.	47	56.6	49.3	50.8
Residents requiring restraints.	32	38.6	40.4	41.3
Confused or disoriented residents.	51	61.4	61.2	58.4
Residents with bed sores.	4	4.8	7.0	7.1
Residents receiving special skin care.	23	27.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINES NH

Street Address: 301 NE 141ST ST		City and State: MIAMI FL 33161	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 46	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 38
------------------------------------------------	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	88.6	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	100	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	90.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	97.7	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	88.6	70.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.4	36.9	37.7
Completely bedfast residents.	4	9.1	3.0	3.4
Residents confined to chairs.	24	54.5	49.3	50.8
Residents requiring restraints.	30	68.2	40.4	41.3
Confused or disoriented residents.	16	36.4	61.2	58.4
Residents with bed sores.	2	4.5	7.0	7.1
Residents receiving special skin care.	12	27.3	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE CARE CENTER

Street Address: 899 NW 4TH ST		City and State: MIAMI FL 33128	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 77	
------------------------------------------------	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	98.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	94.9	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	85.9	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	92.3	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	70.0	68.2
Residents on individually written bowel and bladder retraining program.	7	9.0	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	88.5	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	44	56.4	49.3	50.8
Residents requiring restraints.	60	76.9	40.4	41.3
Confused or disoriented residents.	65	83.3	61.2	58.4
Residents with bed sores.	1	1.3	7.0	7.1
Residents receiving special skin care.	13	16.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SNAPPER CREEK NH

Street Address: 9200 SW 87 AVE		City and State: MIAMI FL 33156	
Participation: MEDICARE SNF	# of Beds: 115	Type of Ownership: PROPRIETARY	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 5	Medicaid Residents: 0
------------------------------------------------	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	96.5	81.5	81.5
Dressing Residents requiring some or total assistance in dressing.	83	96.5	84.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	83.7	76.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	86.0	75.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	67.4	70.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	4.9	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.7	36.9	37.7
Completely bedfast residents.	2	2.3	3.0	3.4
Residents confined to chairs.	70	81.4	49.3	50.8
Residents requiring restraints.	36	41.9	40.4	41.3
Confused or disoriented residents.	61	70.9	61.2	58.4
Residents with bed sores.	4	4.7	7.0	7.1
Residents receiving special skin care.	42	48.8	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH DADE CATHOLIC NURSING HOME INC

Street Address: 11855 QUAIL ROOST DRIVE		City and State: MIAMI FL 33177	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 61		
------------------------------------------------	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	90.7	81.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	94.7	84.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	85.3	76.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	84.0	75.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	80.0	70.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.9	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	52.0	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	25	33.3	49.3	50.8
Residents requiring restraints.	37	49.3	40.4	41.3
Confused or disoriented residents.	51	68.0	61.2	58.4
Residents with bed sores.	11	14.7	7.0	7.1
Residents receiving special skin care.	20	26.7	31.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	9	1.9	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	3	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	41	8.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	50	10.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.2	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	2.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	95	19.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	84	17.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	50	10.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	118	24.3	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	45	9.3	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	38	7.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	106	21.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	103	21.2	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	107	22.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	31	6.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	75	15.5	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	68	14.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	52	10.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	12	2.5	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	36	7.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	31	6.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	47	9.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	13.2	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	12	2.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	215	44.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

CMS LIBRARY



3 8095 00015761 6