

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965241	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STANLEY HOUSE

718 WALTON RD

DEFUNIAK SPRINGS, FL 32433

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint survey for allegations contained within complaint 2021009409 was conducted on _____ at Stanley House. Deficient practice was identified at the time of this visit.	A 000		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or _____ nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.	AN277		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to employ or contract with a nurse(s) who must be available to provide such services as needed by residents for 1 of 1 residents (#4) receiving Limited Nursing Services (LNS). The findings include: On a review of the LNS log was conducted and revealed there was 1 resident receiving LNS services but there was no monthly Register Nurse (RN) assessment for the month of for resident #4. On an interview was conducted with the Administrator who stated the facility does not have an RN employee or contract at the time of this visit. The Administrator stated the former RN quit her position on and agreed to work as the LNS nurse beginning but never returned. When she was called by the former Administrator, the RN informed her she did not wish to work for them. Class III	AN277		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing	AN278		

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AN278	Continued From page 2 services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure nursing assessments were conducted at least monthly for 1 of 1 residents receiving LNS services (#4). The findings include: On _____ a review of the LNS log was conducted and revealed there was 1 resident receiving LNS services but there was no monthly Register Nurse (RN) assessment for the month of _____ for resident #4. On _____ an interview was conducted with the Administrator who stated the facility does not have an RN employee or contract at the time of this visit. The Administrator stated the former RN quit her position on _____ and agreed to work as the _____ LNS nurse beginning _____ but never returned. When she was called by the former Administrator, the RN informed her she did not wish to work for them. The Administrator reviewed the LNS log and verbally agreed there was no RN assessment for resident 4 for the month of _____.	AN278		

AHCA Form 3020-0001
STATE FORM