Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964707	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIGO PALMS	**570 NATIONAL HEALTHCARE BLVD DAYTONA BEACH, FL 32114**

(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 Limited Nursing Services and Extended Congregate Care visit was conducted on July at Indigo Palms in Daytona Beach, Florida. Deficiencies were identified.	A 000		
AN277	58A-5.031(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 license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, 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 shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall 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. This Statute or Rule is not met as evidenced by:	AN277		

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	AL11964707	A. BUILDING _____ B. WING _____	07/03/2012

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AN277	Continued From page 1 Based on staff interview, observation and record review, the facility failed to provide qualified staff to meet the needs of residents requiring limited nursing services (LNS) including administration (Residents # 1 and #3), care and treatment (Residents #2 and #4) and care (Resident #5) for 5 of 5 sampled residents. The findings include: 1. Review of the record of Resident #1 revealed she was admitted with diagnosis of chronic obs and required continuous . Resident #1 was alert with and unable to manage the administration of . She used an concentrator while in her a portable tank on the wheelchair in the daytime. An interview conducted with the licensed practical nurse on at 12:10 pm confirmed that Resident #1 was unable to manage the and was not receiving LNS. 2. Review of the records of Resident #2 revealed she was admitted with diagnosis of and retention and was receiving Hospice services for . The record revealed Resident #2 had a in place for retention. She was unable to manage or care for the due to severe . An interview was conducted with the hospice nurse on at 2:35 pm. When asked who provided care , monitored output	AN277		

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AN277	Continued From page 2 and changed the monthly, she stated the hospice aides provided the care once a day and emptied the bags and she changed the monthly. The facility staff was responsible for the when they left for the day. An interview was conducted with the Director of Nursing (DON) on at 3:10 pm, when asked who provided care and monitored the after 5pm she stated, the resident aides on duty check the and report any problems to her, she stated she is always on call. The DON confirmed there was no nurse in the evening to monitor the 3. Review of Resident #3 revealed he was receiving Hospices services. He was admitted with diagnosis of chronic and He required as needed for Resident #3 was observed on at noon sitting in the wheelchair with a portable tank on the back; however, the was not in use at the time. An interview with the DON on at 2:30 pm was conducted. When asked if Resident #3 could determine when he needed or if he could manage on his own, she stated "no". When asked who determined when he needed she stated the or medication tech (MT) would inform the nurses when he was short of breath. When asked what happened if he needed when there was no nurse available, she stated the staff would have to call her. 4. Review of Resident #4 revealed she was receiving Hospice services for decline in condition. She had a history of retention	AN277		

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AN277	Continued From page 3 and had a An interview was conducted with the hospice nurse on at 2:35 pm. When asked who provided care, monitored output and changed the monthly, she stated the hospice aides provide the care once a day and emptied the bags and she changed the monthly. The facility staff was responsible for when they left for the day. An interview was conducted with the Director of Nursing (DON) on at 3:10 pm, when asked who provided care and monitored the after 5 pm she stated, the resident aides on duty check the and report any problems to her, she stated she was always on call. The DON confirmed there was no nurse in the evening to monitor the 5. Review of Resident #5 revealed she had returned earlier today after a hospital stay for a hip. During the hospital stay she developed a to the left and returned with orders for Hospice. The diagnosis for Hospice services was Decline in Condition. An interview on at 2:30pm with the DON revealed that she had not yet seen the new wounds and that the Hospice admitting nurse was on her way to see the resident. She stated that the Hospice nurses would be providing the care daily, as well, as pain management. When asked who would treat the should it become soiled or come off during the night, she stated the facility staff would notify the on call Hospice nurse to provide treatment. The DON confirmed Resident #5 was not receiving LNS. Class III Correction Date: , 2012	AN277		

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AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on Staff interviews and record review the facility failed to maintain nursing progress notes and service plans for 5 of 5 sampled residents receiving LNS services. (Res #1, 2, 3, 4, and 5). The findings include: 1. Review of the record of Resident #1 revealed she was admitted with diagnosis of chronic obs and required continuous Resident #1 was alert with and unable to manage the administration of She used an concentrator while in her a portable tank on the wheelchair in the daytime. An interview conducted with the licensed practical nurse on at 12:10 pm confirmed that Resident #1 was unable to manage the and was not receiving LNS. 2. Review of the records of Resident #2 revealed	AN278		

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AN278	Continued From page 5 she was admitted with diagnosis of [illegible] and [illegible] retention and was receiving Hospice services for [illegible]. The record revealed Resident #2 had a [illegible] in place for [illegible] retention. She was unable to manage or care for the [illegible] due to severe [illegible]. An interview was conducted with the hospice nurse on [illegible] at 2:35 pm. When asked who provided [illegible] care, monitored [illegible] output and changed the [illegible] monthly, she stated the hospice aides provided the [illegible] care once a day and emptied the [illegible] bags and she changed the [illegible] monthly. The facility staff was responsible for the [illegible] when they left for the day. An interview was conducted with the Director of Nursing (DON) on [illegible] at 3:10 pm, when asked who provided [illegible] care and monitored the [illegible] after 5pm she stated, the resident aides [illegible] on duty check the [illegible] and report any problems to her, she stated she is always on call. The DON confirmed there was no nurse in the evening to monitor the [illegible]. 3. Review of Resident #3 revealed he was receiving Hospices services. He was admitted with diagnosis of chronic [illegible] and [illegible]. He required [illegible] as needed for [illegible]. Resident #3 was observed on [illegible] at noon sitting in the wheelchair with a portable [illegible] tank on the back; however, the [illegible] was not in use at the time. An interview with the DON on [illegible] at 2:30 pm was conducted. When asked if Resident #3 could determine when he needed [illegible] or if he could manage on his own, she stated "no".	AN278		

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AN278	Continued From page 6 When asked who determined when he needed [illegible] she stated the [illegible] or medication tech (MT) would inform the nurses when he was short of breath. When asked what happened if he needed [illegible] when there was no nurse available, she stated the staff would have to call her. 4. Review of Resident #4 revealed she was receiving Hospice services for decline in condition. She had a history of [illegible] retention and had a [illegible]. An interview was conducted with the hospice nurse on [illegible] at 2:35 pm. When asked who provided [illegible] care, monitored [illegible] output and changed the [illegible] monthly, she stated the hospice aides provide the [illegible] care once a day and emptied the [illegible] bags and she changed the [illegible] monthly. The facility staff was responsible for [illegible] when they left for the day. An interview was conducted with the Director of Nursing (DON) on [illegible] at 3:10 pm, when asked who provided [illegible] care and monitored the [illegible] after 5 pm she stated, the resident aides [illegible] on duty check the [illegible] and report any problems to her, she stated she was always on call. The DON confirmed there was no nurse in the evening to monitor the [illegible]. 5. Review of Resident #5 revealed she had returned earlier today after a hospital stay for a [illegible] hip. During the hospital stay she developed a [illegible] to the left [illegible] and returned with orders for Hospice. The diagnosis for Hospice services was Decline in Condition. An interview on [illegible] at 2:30pm with the DON revealed that she had not yet seen the new wounds and that the Hospice admitting nurse was	AN278		

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AN278	Continued From page 7 on her way to see the resident. She stated that the Hospice nurses would be providing the care daily, as well, as pain management. When asked who would treat the [redacted] should it become soiled or come off during the night, she stated the facility staff would notify the on call Hospice nurse to provide treatment. The DON confirmed Resident #5 was not receiving LNS. During an interview on [redacted] at 11:30 am, the Director of Nursing confirmed that there were no progress notes or service plans for the residents receiving LNS. Class III Correction Date: [redacted] 2012	AN278		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Indigo Palms
570 National Healthcare Blvd.
Daytona Beach, FL 32114

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services and Extended Congregate Care survey that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/KW/sm
Enclosure

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