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
	AL11965159	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SABAL HOUSE	150 CROSSVILLE STREET CANTONMENT, FL 32533

(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 unnanounced biennial standard survey with Limited Nursing Services was conducted at Sabal House from to . Deficient practice was found at the time of the survey.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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A 055	Continued From page 1	A 055		

central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s

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A 055	Continued From page 2 medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation of discontinued medication cabinet and staff interview, the facility failed to dispose of medications properly for a discharged resident (Resident #12) within 30 days. The findings are: On about 3:25 pm the Registered Nurse (RN) Resident Care Coordinator was asked for the procedure for disposal of medications. She stated, "We write each medication on a medication paper, then the administrator and I pop all the pills out and flush them . We do this about every three months". An observation of the medication cabinet revealed medications for Resident #12. They were as follows: D 400 IU total 10, 40 mg total 72; Vanco OS 50 mg/ml total left 17 ml; 50 mcg nasal spray; 70 mg tablets total 4; ER 10 meq total 16; oyster	A 055		

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A 055	Continued From page 3 shell [illegible] 500 mg + D total 15; [illegible] ER 100 mg tablet total 17; [illegible] 15 mg tablet total 12; Coenz Q-10 50 mg capsules total 25; [illegible] D 400 IU total 10; [illegible] 20 mg tablets total 8, and [illegible] 2 mg tablets total 22. The RN was asked when the resident was discharged and she stated, "I think she was discharged in , but I am not really sure". The Administrator was asked when Resident #12 was discharged and she stated, "She was discharged to West Florida Hospital on [illegible]". A follow-up interview was conducted with the RN and the Administrator on . They both confirmed the medications were not disposed of within 30 days. The Administrator stated, "Oh yes they are well over 90 days since discharge of the resident". Class III	A 055		
AN277 SS=D	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	AN277		

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AN277	Continued From page 4 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: Based on staff interview, resident interview, and record review of the Limited Nursing Services (LNS) book, the facility failed to provide LNS by qualified staff (a nurse) to apply the ~Embolic-Deterrent hose ( ) for 4 of 4 residents (#1, #2, #10, and #13). The findings are: The Registered Nurse (RN) Resident Care Coordinator was asked to provide a list of residents receiving LNS services when the facility was entered on . The list provided and the LNS book provided identified 4 residents who were receiving LNS services for the application of hose (#1, #2, #10 and #13). An interview was conducted with the RN Resident Care Coordinator on about 2:59 pm. She was asked who placed the hose on the residents. She stated, "The night shift Resident	AN277		

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AN277	Continued From page 5 Assistants ( )put the hose the residents. She then stated they put them on Resident #1, #2, #10 and #13". An interview was conducted with the Employee #3 night shift on about 8:08 am. She stated that she had applied Resident #1's hose this morning. She stated, " I always put on his hose because I am always there". An interview was conducted with Resident #2 on / about 8:35. She stated, "The girls who help you if you need assistance getting dressed and showered put on my hose". An interview was conducted with Resident #10 on about 8:37 am . He says he needs help putting on his hose. In the morning he pulls his call light and whoever is not busy comes and helps put them on. There is "nobody special " who puts them on . Class III Pattern	AN277		
AN278 SS=D	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.	AN278		

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AN278	Continued From page 6	AN278		

This Statute or Rule is not met as evidenced by:
Based on staff interview, clinical record review, and Limited Nursing Services (LNS) records the facility failed to complete nursing assessments monthly for 1 of 5 (# 3) residents receiving Limited Nursing Services.

The findings are:

A review of the Limited Nursing Service book on was conducted. Nursing assessments for Resident #3 could not be found for or 2012. On / a review of Resident #3's clinical record was done, but Nursing Assessments could not be found in the clinical record regarding her LNS services. The order by her physician for daily injections were in order and dated .

On / about 9:45 am an interview was conducted with the Registered Nurse (RN) Resident Care Coordinator. She was asked to find the monthly assessments for Resident #3 in the LNS book. She checked the LNS book and confirmed there were no assessments completed for and for Resident #3.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) 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(s). Should you have any questions please call me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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