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
	AL11932589	A. BUILDING. _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF PORT ST. LUCIE	1699 SE LYNGATE DRIVE PORT SAINT LUCIE, FL 34952

(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 Assisted Living Facility Change of Ownership (CHOW) survey was conducted on 02/2[illegible] of Port St. Lucie, had licensure deficiencies found at the time of the visit. This survey was conducted in conjunction with the Extended Congregate Care (ECC), Change of Ownership (CHOW) and Complaint Investigation CCR #2013000971 on 02/21[illegible] refer to the attached separate reports for the findings.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 12-0823; the Florida Local Advocacy	A 030		

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A 030	Continued From page 1	A 030		

Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida . . . . . Hotline " 1(800)9€ . . . . or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s . . . . and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed

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A 030	Continued From page 2	A 030		

rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incompetent, the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion,	A 030		

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discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to provide all residents with access to a telephone that allowed for unrestricted private communication.

The findings include:

Upon observations during a tour of the facility on the 1st floor, conducted with the Director of Resident Care on at approximately 10:30 AM, he was asked if all residents had telephones in their apartments. He stated they do not and only the residents that pay for phone service have telephones in their apartments. He was then asked if there was a private telephone available for resident use. He pointed out a wall mounted and corded telephone that was next to a chair in the hallway on the 1st floor directly outside of 2 resident's apartments. He was asked how privacy was provided for residents utilizing this telephone in the community hallway. He could not provide an explanation and was unable to demonstrate and ensure that residents have unrestricted private communication when utilizing the designated telephone. He stated the 1st floor telephone was the only one available for use by the residents.

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A 030	Continued From page 5 Class III	A 030		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known , the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interview, the facility failed to ensure the Medication Observation Record (MORs) was maintained accurately as per the physician	A 054		

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A 054	Continued From page 6	A 054		

orders.

The findings include:

Review of the facility policy & procedure for Medications revealed: An individual medication administration record will be maintained for each resident receiving mediation supervision, assistance and/or administration. All medications will be recorded at the time of supervision, assistance and /or administration.

The administrator brought the surveyor to the 2nd floor to observe a morning medication pass at 9:15 AM.

1. a. Review of the Medication Observation Record (MOR) & physician orders for Resident #10 revealed the physician ordered [redacted] 2 puffs every 6 hours while awake (WA). The MOR revealed the resident was to be given the [redacted] every 6 hours at 6 AM, 12 noon, 6 PM, and 12 PM. Review of the medication label for [redacted] revealed [redacted] 2 puffs every 8 hours while awake (WA). The Med Tech was observed providing and assisting the resident with the [redacted] Inhaler at 9:25 AM (MOR said 6 AM). The med tech signed the medication as provided for the 9 AM time.
b. Further review of the physician order and the MOR for Resident #10 revealed the resident was ordered [redacted] ' one capsule in hand inhaler daily.' Review of the label revealed ' one capsule in handinhaler daily ' . Review of the MOR revealed the [redacted] was to be administered at 6:30 AM. The Med Tech prepared the [redacted] 18 mcg capsule hand inhaler and provided it to the resident at 9:24 AM. The Med Tech signed the medication as provided for the 9 AM time.

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A 054	Continued From page 7 c. Further review of the MOR for Resident #10 revealed Megace, [illegible] ordered twice daily at 8 AM & 5 PM; Advair [illegible]-50 diskus was ordered twice daily at 8 AM & 8 PM; and daily 8 AM meds for Exelon [illegible] Lasix [illegible] mg, ASA [illegible] mg, Plavix [illegible] mg, Zoloft [illegible] mg, and Bystolic [illegible] mg. The Med Tech was observed providing the medication to the resident at 9:39 AM. The med tech signed the medication as provided for the 9 AM time. The Med Tech did not tell the resident what the medications were that she provided. 2. Review of the physician orders for Resident #12 revealed an order for "Tramadol / [illegible] mg three times a day". Review of the MOR revealed the morning dose was scheduled for 7 AM. Review of the ordered daily medications revealed they were scheduled for 8 AM. The Med Tech was observed preparing all these medications at 9:50 AM and providing them to the resident. The Med Tech then signed at the 9 AM time as having observed the resident taking them, including the 7 AM ordered Tramadol. [illegible]. Review of the MOR & physician order for Resident #1 revealed an order for Tramadol / [illegible] mg three times a day for pain. The scheduled times were 8 AM, 2 PM and 8 PM. Observation with the Med Tech during the noon medication observation pass revealed the Med Tech prepared and provided the resident with the medication at 12:14 PM. The Med tech signed the medication as provided for the 2 PM time. Interview with the Med Tech at the time of and following medication observation pass on 02/21 [illegible] at 9:20 AM revealed she has about 50 residents that she assists with meds	A 054		

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A 054	Continued From page 8 and it's a lot. Interview with the Nurse Manager revealed there are two staff in the mornings who assist with medication assistance or administration. The census on the day of the survey was 77. Interview with the ECC Nurse supervisor at 1:22 PM , revealed there are two techs in the morning to assist in passing meds, one for each of the 2 floors in the mornings, and just one Med Tech for other med pass times. Class III	A 054		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are	A 079		

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A 079	Continued From page 9	A 079		

absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing

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A 079	Continued From page 10	A 079		

pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the

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A 079	Continued From page 11 Agency that fire safety requirements are being met. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least one staff member who is trained in , is within the facility at all times when residents are in the facility. The findings include: During the the employee record review portion of the relicensure survey conducted on , at 2:00 PM, it was revealed that Employee #2's file lacked documentation of certification in . Review of the staffing schedule revealed this employee is regularly assigned to the 3rd shift at the facility. During an interview with the Human Resources Manager on , at 2:45 PM, he confirmed that Employee #2 did not have documentation of certification in . During a further investigation, it was revealed the facility could not provide proof that there is at least one staff member who is trained in , is within the facility at all times when residents are in the facility, specifically during the third shift (11 PM-7	A 079		

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A 079	Continued From page 12 AM). Class III	A 079		
AE208 SS=D	58A-5.030(9) FAC ECC - Records (9) RECORDS. (a) In addition to the records required under Rule 58A 5.024, F.A.C., an extended congregate care program shall maintain the following: 1. The service plans for each resident receiving extended congregate care services; 2. The nursing progress notes for each resident receiving nursing services; 3. Nursing assessments; and 4. The facility ' s ECC policies and procedures. (b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure it maintained progress notes for all residents on ECC (extended congregated services), for 1 out of 2 sampled residents receiving ECC services (Resident #10). The findings include: Review of the ECC log revealed Resident #10 was listed for receiving services of nebulizer s/Oxygen as needed. It was documented as on ongoing service and the resident was admitted on	AE208		

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	AL11932589	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF PORT ST. LUCIE	1699 SE LYNGATE DRIVE PORT SAINT LUCIE, FL 34952

(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
AE208	Continued From page 13 Observation of Resident #10 at approximately 9:30 AM and 2:30 PM, revealed the resident had [illegible] in place via nasal cannula. Review of the physician order dated [illegible] for Resident #10 revealed: "O2 at 2 litres via nasal cannula as needed (PRN) for O2 <92% (O2 saturations) for diagnosis of [illegible] and [illegible] There was no evidence or documentation in the record of O2 saturation levels or of the [illegible] nasal cannula being in place for the resident. The Medication Observation Record, the nursing Medication Administration Record and the staff notes were reviewed with the Nurse Supervisor. There was no evidence the resident had received assistance with the O2 on or that O2 saturations were done. There was no way to determine if the O2 saturation had dropped below 92%. Interview was conducted with the ECC Nurse supervisor who confirmed there were no O2 saturation levels done and no evidence that any were done since the physician order of [illegible] Class III	AE208		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gardens Of Port St. Lucie
1699 SE Lyngate Drive
Port Saint Lucie, FL 34952

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 **2013** 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 representatives. Should you have any questions please call this office at Arlene Mayo-Davis.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

XG90

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Tallahassee, FL 32308
http://ahca.myflorida.com

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