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
	AL11965645	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULF BREEZE COURTYARD	3428 GULF BREEZE PARKWAY GULF BREEZE, FL 32561

(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 visit was made to Gulf Breeze Courtyard on for an Extended Congregate Care (ECC) and Limited Nursing Service (LNS) monitoring. There were deficiencies noted during the visit.	A 000		
AN277 SS=G	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.	AN277		

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AN277	Continued From page 1	AN277		

This Statute or Rule is not met as evidenced by:
Based on observation, record review, staff and resident interviews the facility failed to ensure that 6 of 6 residents (#1, 2, 3, 4, 5, and 6) receive appropriate health care that is consistent with established and recognized standards within the community and that the Limited Nursing Services (LNS) was only provided by appropriate health care providers.

The findings are:

Record review for resident #1 indicted there was a Physician's order for Compression stocking HOSE). Observation on at 1;30 PM the resident did not have the Hose on. Upon interview with the resident at 1:30 PM, she indicated she has never worn the stockings. Review of the past weeks treatment sheets revealed they were signed as services were being completed. The treatment sheet for was signed but circled (indicating not completed) but the daily Limited Nursing Service (LNS) sheet was signed (indicating it was completed). When this was brought to the attention of the Director of Nurses she indicated an order was written that morning to discontinue the hose.

Observation of resident #2 indicated there was no Hose on the resident. Record review indicated there was a Physician's order for support hose and staff to assist every AM. The treatment sheet and daily Limited Nursing Services was signed as being completed for Interview with the resident on at 1:45 PM indicate the staff do not put them on because it is too hard for them.

Resident #3 has a Physician's order for soft neck collar. Observation of resident #3 in Best Friends

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AN277	Continued From page 2	AN277		

Program indicated there was no soft collar in place.
Interview on at 2:10 PM with the staff member E attending to the group indicated she has never seen a soft collar on the resident. Review of the treatment sheet and daily Limited Nursing Services was signed as being completed. Upon questioning on by the surveyor the order for the soft coliar was discontinued.

Resident #4 has an order for home health to apply 2 layer compression stocking. Observation on at 2:20 PM, indicted the resident did not have any compression stockings on. The facility staff was signing daily that they were applying compression stockings. This resident was not identified as receiving home health. Interview on with the resident, she asked am I suppose to have then on and will I get some this afternoon.

Resident #5 had Physician orders for Hose. Observation on at 3:20 PM indicated there was no Hose on the resident. Review of the daily documentation on the Limited Nursing Service sheet indicted it had been signed as receiving this service.

Observation of resident #6 on indicated she did not have hose on, interview with the resident indicated she had refused to have them put on today. However, review of the treatment sheet it was signed by the nurse that the services were completed that day.

Interview with staff member A on at 2 PM indicated the Resident Care Technicians (RCT) put on the Hose and I just sign that they do.

Interview with staff members B and C on

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AN277	Continued From page 3 at different times was conducted. These two were RCT's and indicated that they do put on [redacted] hose when they get the resident up in the morning, and take off the [redacted] hose. Interview staff D on [redacted] indicated she does take off [redacted] hose when she put residents in bed for the night. Class II	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. This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview the facility failed to complete monthly nursing assessments on three of five record reviews (#3, 4 and 5). The findings are: Review of the Limited Nursing Book, used by nurses to document the service's indicated there were eleven residents receiving services. Review of the book kept by the Director of Nurses (DON) was conducted. This book contained the orders,	AN278		

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AN278	Continued From page 4 care plan and monthly assessments. The review indicated there were on eight residents receiving services. Interview with the DON on . . . . at 4:30 PM indicated she did not have any monthly assessments for residents #3, 4, and 5. Class III	AN278		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports the findings of a state licensure survey (limited nursing service) that was conducted on 18, 2013 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 , 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
XG90

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