STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	07/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Port St Lucie (the)	10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility complaint inspections (CCR #2013003157 and #2013003185) were conducted on [redacted] and [redacted]. The Brennity at Port Saint Lucie, had licensure deficiencies found at the time of the visit. Deficient practice was identified at the following: CCR #2013003157-A25 and A54 and CCR #2013003185-A26

Note: An Assisted Living Facility change of ownership (CHOW) survey was conducted in conjunction with the inspections. Please refer to the separate report.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and an interview, the facility failed to ensure representatives, for 4 of 4 sampled residents (Resident #5, #7, #9 and #10) were notified of the initiation of a new medication.

The findings include:

Record review revealed the following residents were prescribed [redacted] cream.
a) Review of Resident #5's record revealed she was prescribed [redacted] (used for [redacted] cream on [redacted]

b) Review of Resident #7's record revealed she was prescribed [redacted] (used for [redacted] cream on [redacted]

c) Review of Resident #9's record revealed she was prescribed [redacted] (used for [redacted] cream on [redacted]

d) Review of Resident #10's record revealed she was prescribed [redacted] (used for [redacted] cream on [redacted]

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On at 3:20 PM, the Administrator was asked if representatives for Residents #5, #7, #9 and #10 were notified of the initiation of a new prescription, and the indications for the medication as well as documentation of the notification. There was no documentation in these residents' records to show their representatives were notified of the administration of the medication and the indications of such. The Administrator acknowledged at this time she was not sure who she notified and could not show documentation of any notification to the representatives.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, interview, and record review, it was determined the facility did not encourage residents to participate in social, recreational, educational and other activities within the facility and community on an ongoing basis that provided diversified individual and group activities that keep in touch with each resident's needs, abilities, and interests for 20 residents currently residing on the Memory Care Unit.

The findings include:

During observations on the Memory Care Unit, conducted on beginning at approximately 9:50 AM there were 10 residents in the activity/living that were watching a Fred Astaire movie on the television. Two residents were observed to be sitting at a table, near the nurse's station for approximately 20 minutes, with the Activity Director. They appeared to be chatting about random topics.

The Activity Calendar for reflected the following activities:

9:30 AM Morning Stroll

10:30 AM Trivia Around the World

During interview with the Activity Director, conducted on beginning at approximately 11:25 AM, she was asked who participated in the scheduled 9:30 AM "Morning Stroll". She replied that she took 2 residents on a stroll in the garden. She acknowledged that only 2 residents out of 20 participated in this scheduled activity. She was asked what happened to the 10:30 AM scheduled "Trivia Around the World". She replied that a movie was played in lieu of this activity. She stated that

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she just started working here at the beginning of 2013 and the activity calendar was already in effect. She stated that she will be updating the memory care calendar to reflect "more appropriate activities for this population".

The Activity Calendar for reflected:

10:30 AM Music and Dancing with Melissa

11:30 AM Move to the Beat

2:30 PM Tea and Scones Party

3:00 PM Outdoor Pool Social

3:30 PM Balloon Toss

6:30 PM Classic Movie Night

Observations conducted on at 10:20 AM reflected a staff member was reading the newspaper to approximately 11 residents present in the activity.

Observation conducted on at 10:30 AM reflected an entertainer was singing and dancing with 14 residents present for this activity. This above noted activity was continuing as of 11:15 AM and ended at 11:30 AM.

On at 11:30 AM staff were observed getting residents seated at tables for the lunch meal. Four residents were seated in the independent dining. Several staff members were noted to be assisting residents to the tables in main dining. There were 12 resident observed in the main dining. The Activity schedule reflects "Move to the Beat" at 11:30 AM. There is no activity being conducted at this time. The food cart arrived at 12:00 PM. The scheduled activity did not take place. Residents are being provided with their beverages for lunch at this time.

Observation at 2:30 PM -3:00 PM on (scheduled activity at this time is Tea and Scones Party). There is 1 resident in a wheelchair in the activity is watching TV. There is 1 resident in the dining around. There are 5 residents in the hallways ambulating or sitting in chairs. The scheduled activity is not being provided at this time.

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This surveyor positioned self in the hallway near the entrance/exit to the memory care unit and just outside of the activity . . . . . Residents were not observed to be taken off of the unit on . . . from 2:30 PM - 3:20 PM to attend the scheduled Outdoor Pool Social.

During interview with the part-time Activities Assistant and review of the Memory Care Unit activity calendar, conducted on . . . . . at approximately 3:25 PM, she was asked why the scheduled activities for . . . . . and . . . were not provided to the residents on this unit. She stated she has only been here approximately 5 weeks and she does not know why the activities were not provided.

During interview conducted with the Activities Director and review of the Memory Care Unit activities calendar, conducted on . . . . . at approximately 3:30 PM, she was asked why the scheduled activities were not provided for the residents on this unit on . . . . . and . . . . . She could not provide an explanation as to why the activities were not provided.

The Activities Assistant then asked the Activity Director if she should conduct the Tea and Scones activity that had been scheduled for 2:30 PM. The Activity Director instructed her to conduct the balloon toss activity that was scheduled for 3:30 PM instead.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and an interview, the facility failed to maintain an up-to-date MOR (medication observation record), for 2 of 4 sampled residents (Resident #5 and Resident #9).

The findings include:

On , the . . . . MOR's for Resident #5 and #9 were reviewed with the Administrator. The following discrepancies were identified:

a) Resident #5 had an order for . . . . . dated . Review of the . . . . 2013 MOR showed no documentation of the resident receiving this prescription.

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b) Resident #9 had an order for [redacted] dated [redacted] Review of the [redacted] 2013 MOR showed the medication was listed but no initials were present to indicate the medication was applied and on what date.

These findings were acknowledged by the Administrator during interview at 3:20 PM on [redacted]

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Brennity At Port St Lucie (The)
10685 SW Stoney Creek Way
Port Saint Lucie, FL 34987

Re: CCR #2013003157 and #2013003185

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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