STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	08/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Place At Port St Lucie,	3700 Se Jennings Road Fort Pierce, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= C
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= C
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility relicensure survey was conducted on and Harbor Place at Port Saint Lucie, had licensure deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and interviews, the facility failed to provide residents or their legal representatives with required information related to assistance with self-administration of medications by unlicensed facility staff, for 1 out of 2 sampled residents (Residents #1) .

The findings include:

Review of Resident #1's record and the resident agreement between the ALF and Residents #1 conducted revealed no documentation of required "informed consent" related to unlicensed staff assisting residents with self-administration of medication. Review of the facility's standard resident agreement used for newly admitted residents revealed confusing or missing language under Item E. Medication Assistance, such as:

1. The section referred to an "unlicensed person" as "unlicensed associates certified to assist ..."

2. There was no language informing the reader that an "unlicensed person means an individual not currently licensed to practice nursing or medicine ..."

3. There was no language informing the reader that "an assisted living facility is not required

to have a licensed nurse on staff"

4. There was no language informing the reader that, "the resident may or may not receive assistance with self-administration of medications by an unlicensed person and if so, will or will not be overseen by a licensed nurse".

Item E. also includes a reference to "... keeping a record of medications that Resident has self-administered." when F.S. 429.256(3)(f) mandates "keeping a record of when a resident receives assistance with self-administration" of medications.

This was brought to the Administrator's attention on at 1:57 PM, she stated she thought it may be a separate document and would look into it. She returned shortly with the facility's current resident agreement. This was discussed with and acknowledged by the Administrator on at 9:00 AM, she stated she had no further related documentation available.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, interviews and record review, the facility failed to obtain an updated face-to-face medical examination (AHCA Form 1823), for 3 of 3 sampled residents (Residents #13 and #19), and a third resident's medical examination (Resident #1) did not accurately reflect the resident's current conditions and needs.

The findings include:

1. Resident #1 was observed on at 10:22 AM, receiving via nasal cannula. The resident was alert and oriented and stated she can put the tubing on and off but did not know how to use the concentrator. Review of her medical examination dated revealed no reference to the and was marked as the resident required administration of medication by a licensed nurse. In an interview conducted at 1:10 PM, the Administrator, a Licensed Practical Nurse, stated she believed this resident was capable of self-administering and regulating the on her own and acknowledged the medical examination form needed to be updated.

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2. Resident #19 was observed on at 8:45 AM in the main dining breakfast; a portable container was attached to her wheelchair. She was observed in her at 11:10 AM; her Private Duty Aide (PDA) was present. She was not able to communicate her needs verbally; when asked, she repeatedly pointed to her PDA and stated, " Ask her. " The PDA stated Resident #19 was not able to take care of her own

Review of her medical examination form dated revealed no reference to the and was marked as the resident required assistance with self-administration of medications.

In an interview conducted at 1:08 PM, the resident ' s Hospice Nurse stated the Resident #19 was not able to self-administer her She stated the Hospice Nurses would administer the during their scheduled visits and on an on-call basis. She immediately contacted the resident ' s Health Care Provider and obtained a telephone order for same. In an interview conducted at 12:10 PM, the Administrator stated she believed this resident was not capable of self-administering and regulating the on her own, and acknowledged the medical examination form needed to be updated.

3. Resident #13's health assessment (Form 1823) dated indicated the resident who was admitted on "uses a walker" and is "supervised with and eating". The resident was observed on at 12 PM eating lunch and did not have any staff assisting her with her sandwich. The Dining Services Manager was interviewed at approximately 12 PM on and agreed during discussion that the resident required assistance or verbal prompts with meals as she refused physical assistance or being fed by staff. The Administrator also acknowledged this during interview on this date at 12:30 PM. It was also agreed upon that the resident no longer used the walker and was "assisted with as the initial assessment indicated. The initial weight documented by the facility on showed the resident weighed 138 pounds and the resident's weight documented on was 103 pounds. The health assessment had not been redone when the resident started hospice care on related to her decline in activities of daily living in addition to a significant weight loss.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview and record review, the facility failed to ensure medications for a resident who received assistance with self-administration of medications were centrally stored and secured, for 1 out of 2 sampled residents (Resident #1).

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The findings include:

On at 10:22 AM, two tubes of medicated skin ointment were observed in Resident #1's . Polysporin ointment with bacitran and B and Cavlin barrier cream with demethicone 1.3%. In an interview conducted at that time, Resident #3 stated a nurse gave her one of the creams and she did not know where the other cream came from.

Review of Resident #3's written health care provider orders and and 2013 medication observation records (MORs) revealed no documentation showing written health care provider orders for either medication. This was brought to the Administrator's (a Licensed Practical Nurse) attention at 12:50 PM. At 1:14 PM, the Administrator confirmed they had no written health care provider orders for the two medications and facility staff were not previously aware of the two medications. She stated the medications were removed from the resident's .

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and staff interview, the facility failed to ensure the person designated (Employee D) to be responsible for the facility's food service and the day-to-day supervision of food service staff had obtained annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

On , during review of Employee D record, it was noted there was a lack of training documentation to show evidence Employee D obtained the necessary 2 hours, annually, of continuing education required for supervisory dietary staff. The training documentation found in the employee file was from a food service trainer not approved for providing training in topics pertinent to nutrition and food service in assisted living facilities.

Interview conducted with the Business Office Manager (BOM) on at 1:40 PM, revealed he was unaware the training received by the dietary designee was insufficient.

He also stated he did not realize the 2 hours continuing education had to be done each year.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and an interview, the facility failed to ensure 1 out of 19 sampled residents (Resident #20) receive the mechanical soft diet ordered by the health care provider.

The findings include:

On _____ at 12 PM, Resident #20 was observed eating lunch, including chicken parmesan. Observation of the resident's lunch served again on _____ at 12 PM was conducted and he was observed eating a hot dog cut in half. Review of the resident's health care provider orders revealed an order dated _____ indicating the diet to be received was "mechanical soft". Review of the facility's "Diet Guidelines" provided by the Dining Services Manager on _____ showed the mechanical soft diet was to include "ground meats". The Manager acknowledged during interview at 12:15 PM on _____ that the resident was not receiving a mechanical soft diet as ordered.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on employee record review and staff interview, the facility failed to have a copy of the job description given to each employee in the employee record, for 2 of 6 sampled employees whose employee records were reviewed (Employees E and F) and the facility failed to request references be furnished, for 1 of 6 sampled employees whose employee records were reviewed (Employee E).

The findings Include:

On _____ during employee record review, the job descriptions for Employees E and F could not be located in the employee's record.

On _____ at 2:45 PM, the Assisted Living Manager was provided the opportunity to locate

the missing job description. The ALF Manager stated the job description was never provided, and a copy would have to be provided from the corporate office.

On , during employee record review, no references were found on the job application, or within the employee record, for Employee E.

On during interview with Assisted Living Manager at 9:15 AM, the ALF Manager is informed of the missing jobs description and references for Employee E .

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on employee record review and staff interview, the facility failed to conduct a Level II Background Screening on 1 out of 4 sampled employees reviewed who were hired after 2008 (Employee B).

The findings include:

During employee record review conducted on , no documentation could be located within Employee B ' s personnel file proving a Level II Background Screening was completed and Employee B was eligible for hire. Employee B had a hire date of .

Interview with the Business Office Manager (BOM), conducted on at 1:00 PM, revealed the Level II Background Screening for Employee B was not conducted. It was thought the Background Screening was unnecessary due to the fact the Employee was a re-hire. Employee B had worked at the facility from 2008 2011. The Facility did conduct a background check via an independently contracted background service. The BOM was instructed that new Level II Background Screenings had to be conducted in the event there is a 90 day lapse in employment. The BOM acknowledged that Employee B did have a lapse in employment greater than 90 days.

Interview with Employee B on at 1:19 PM, she confirmed the lapse in employment

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from 2011 to 2012.

The AHCA Background Screening Database results for Employee B showed, "a new screening is required.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Harbor Place At Port St Lucie,
3700 SE Jennings Road
Fort Pierce, FL 34952

Re: Relicensure

Dear Administrator:

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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