STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	08/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Villa Retirement Center	**141 Kaelyn Lane Port Saint Joe, FL 32456**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

****

0000-Initial Comments
An unannounced complaint survey CCR#2013009055 was conducted in conjunction with ECC and LNS monitoring on [redacted] at Beacon Villa Retirement Center. Deficiencies were found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on clinical record review, resident, family and staff interview the facility failed to provide adequate and appropriate health care to 1 of 3 residents (#2) reviewed for provision of care. The [redacted] glucose testing was not done daily per the physicians orders and the physician was not notified related to change in the assistance needed for medication administration.

The findings are:

1) A review of the clinical record for resident #2 revealed that the resident was to have his [redacted] sugar checked daily at 6:00 AM. The medication observation record for [redacted] and thru [redacted] revealed 12 out of 30 days for the month of [redacted] 2013 no [redacted] sugars were recorded on the medication observation record. 2 out of 31 days in [redacted] 2013 no [redacted] sugar was recorded on the medication observation record and and 5 out of 25 days in [redacted] 2013 no [redacted] sugars were recorded on the medication observation record.

Review of the last 3 months of available [redacted] sugar results revealed resident #2's [redacted] sugar results were not documented for 6 consecutive days in [redacted] 8-13). On [redacted] resident #2's [redacted] sugar was documented high (298). on [redacted] the resident's [redacted] sugar was documented low (66) There was no evidence the resident's [redacted] sugar was checked on [redacted]. An interview with LPN A was conducted on [redacted]. She stated the [redacted] sugar results are maintained for several months in the meter. She stated the days the [redacted] sugars were not documented there was no record of the results in the meter.

A review of the facility policy and procedure for notification of changes revealed "abnormal lab values that require clinical monitoring and change in treatment and/or medications" the staff will document date, time, and party notified, and findings and details of notification in the resident record.

2) A review of the clinical record for resident #2 revealed the resident was readmitted to the facility in [redacted] of 2013 after a hospital stay.

A review of the physicians order revealed a new order dated [redacted] for [redacted] to be administer daily and [redacted] glucose monitored twice daily with sliding scale [redacted] coverage.

An interview was conducted with resident #2 at approximately 10:00 AM. He stated he was able to check his [redacted] sugar which he was only doing once a day. He stated staff did not ask him what his [redacted] sugar was, or remind him to check his [redacted] sugar. He stated he was not able to draw up his own [redacted] and that he was legally [redacted]. He stated the nurse would bring him his [redacted] and he would do his own injection.

An interview was conducted with the daughter of resident #2 on [redacted]. She stated she was not aware that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Beacon Villa Retirement Center	**141 Kaelyn Lane Port Saint Joe, FL 32456**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

facility staff could not perform the glucose testing or administer the .

An interview was conducted with the administrator on at approximately 1:40 PM. She stated the physician was not made aware of the residents need for assistance to administer his . The physician was not informed that the facility staff could not assist with performing the residents glucose testing or administer the . She further stated the facility should have requested orders for limited nursing services for resident #2.

A review of the policy and procedure for notification of change revealed "The staff must immediately inform the resident, consult with the physician, and notify the resident's responsible party when there is a significant change in the resident's care or condition related to abnormal lab values that require clinical monitoring and change in treatment and/or medications

Class II

0054-Medication - Records 58A-5.0185(5) FAC
Based on clinical record review, staff interview, and review of the facility policy and procedure the facility failed to maintain the medication observation record (MOR) by failing to document glucose results for 1 or 3 residents reviewed for assessments (#2).

The findings are:

A review of the clinical record for resident #2 revealed that the resident was to have his sugar checked daily at 6:00 AM. The medication observation record for and thru revealed 12 out of 30 days for the month of 2013 no sugars were recorded on the medication observation record. 2 out of 31 days in 2013 no sugar was recorded on the medication observation record and and 5 out of 25 days in 2013 no sugars were recorded on the medication observation record.

On an interview with LPN A was conducted. She stated the sugar results are maintained for several months in the meter. She stated the days the sugars were not documented there was no record of the results in the meter.

A review of the facility policy and procedure for notification of changes revealed "abnormal lab values that require clinical monitoring and change in treatment and/or medications" the staff will document date, time, and party notified, and findings and details of notification in the resident record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	**08/27/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Beacon Villa Retirement Center	**141 Kaelyn Lane Port Saint Joe, FL 32456**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Beacon Villa Retirement Center
141 Kaelyn Lane
Port Saint Joe, FL 32456

Dear Administrator:

Re: CCR #2013009055

This letter reports the findings of a state licensure complaint survey including extended congregate care (ECC) and limited nursing services (LNS) monitoring that was conducted on 2013 by a representative of 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162