STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	09/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Of St Lucie West (the)	501 Nw Cashmere Blvd. Fort Pierce, FL 34986	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility relicensure survey was conducted on . The Palms of St. Lucie West, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review it was determined the facility failed to ensure all residents met the admission criteria, for 1 out of 3 sampled residents (Resident #6).

The findings include:

Record review revealed Resident #6 was admitted to the facility on with diagnosis of . The health assessment (AHCA form 1823) was dated . This document was noted as completed by the physician on . This document indicated, on page 2, that Resident #6 requires 24 hour nursing or care and the section related to posing a danger to self or other was not completed (comments section indicated precautions).

During interview and Resident #6's record review with the Resident Services Director, conducted on at approximately 10:45 AM, she stated she did not notice that the physician noted this resident requires 24 hour nursing or care and that the section pose a danger to self or others (precautions) until after this resident was admitted to the facility. This document noted that the Resident Services Director had reviewed the 1823 form (health assessment) on . The Resident Services Director was asked if she would have noticed the documentation that this resident requires 24 hour nursing or care if she would have accepted her for admission. She indicated that she would have talked to the physician and then made the determination. She was

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asked if this facility provides 24 hour nursing or care; she acknowledged that they do not provide this. She stated there is a Nurse present during the days on Mondays- Fridays. She stated the facility does not provide care.

During subsequent interview with the Executive Director, conducted on at approximately 11:15 AM, the 1823 form (health assessment) for Resident #6 was reviewed. He acknowledged that this document indicated Resident #6 required 24 hour nursing or care and that the section related to posing a danger to self or other was not completed but indicated precautions. He stated this resident should not have been admitted to the facility based on this information. He acknowledged that the daughter of Resident #6 took this resident to the hospital behavioral unit (from the daughter's home) for evaluation on

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and an interview, the facility failed to ensure 1 out of 19 sampled residents (Resident #20) who used a half side rail while in bed had a health care provider's order on file and consent for the use of thh rail.

The findings include:

On at 12 PM, the order for side rails and consent for their use for Resident #20 were requested from the Director of Nursing (DON). A copy of the "informed consent: t/bedrail use" was provided dated indicating the resident's family member had been contacted on this date to give consent for the use of the half side rail on her bed. There was no health care provider order for the use found during record review. The DON stated during interview at 12:25 PM on that she did not know a half side rail was considered a

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review and interviews, the facility failed to ensure that the therapeutic diets were provided as ordered, for 4 out of 19 sampled residents (Residents #12, #14, #22, #23 and #24).

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The findings include:

On [redacted] between 12:15 PM and 12:45 PM, the following residents were observed being served the regular diet for lunch (no texture modification), including barbeque ribs and chicken, potato salad, cole slaw and baked beans with pudding for dessert. The following diet orders or instructions on their health assessments (Form 1823) were noted during review of their records:

a) Resident #12-Mechanical Soft diet listed on [redacted] assessment

b) Resident #14-D [redacted] Diet listed on [redacted] assessment

c) Resident #22-Low Fat and [redacted] diet listed [redacted] assessment

d) Resident #23-Low Fat and [redacted] diet listed [redacted] assessment

e) Resident #24-Low Fat and [redacted] diet listed on [redacted] assessment

The Food Service Manager was interviewed at [redacted] at 1 PM and acknowledged the residents on low fat and [redacted] diets should be served baked chicken or fish rather than the pork and that Resident #12's meat should have been cut up before serving.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Palms Of St Lucie West
501 NW Cashmere Blvd.
Fort Pierce, FL 34986

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 (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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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