AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Nature Coast Lodge, Llp
279 N. Lecanto Hwy
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013009311

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

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Bunger for,
Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964613	10/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nature Coast Lodge, Llp	279 N. Lecanto Hwy Lecanto, FL 34461

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

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey #2013009311 was conducted on . Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to provide the services needed to prevent for 1 of 4 residents (#1).

Findings:

Interview with Resident #1 on at 9:40 AM revealed he had a lot of recently but did not have any special services to address the He had no further information.

Review of Resident #1's record revealed he was admitted on his DOB is His Health Assessment dated states no special precautions. It states he ambulates with rolling walker. Review of the Staff Notes reveal on :
observed sitting on floor family & Dr notified- no pain
on the floor in female resident's stated he lost balance-no injury
in trying to go to no injuries -Called Home Health Aides for assist.
to floor -told staff lost balance - no injury- medication change D/C
while trying to ambulate to assist resident with moving and ambulating
-staff observed on floor called 911 for ER transport - DR exam no new orders
resident found on floor no new orders- small on knee -continuing
went to ER no new orders
went to ER back to facility -X-rays ordered , Dr & Home Health getting electric wheelchair.
Review of the Physician Communication Sheet dated states Concern is and and orders Home Health evaluation and treatment of lower extremity
There is no directive regarding the specific precautions to initiate. There is no directive for any additional supervision to prevent or address the the doctor has noted in the resident's thinking process.

During an interview with the Administrator on at approximately 11:00 AM, she stated the only intervention for the prevention of for Resident #1 was to obtain an electric wheelchair for him. There was nothing regarding his ability to understand safety or staff to monitor him. There was no plan. There was no further information provided.

Class III

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

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview, the facility failed to dispose and keep secure old medications.

Findings:

During the Medication Provision Observation on beginning at 7:35 AM, the Medication storage was propped wide open. Inside the on a book shelf was a blue 3-sided plastic container with no lid, filled with old medications no longer in use. There were no markings to determine the origin or reason the medications were in the open container. Further, inside the unlocked refrigerator there were vials. The medications are listed below:

Diclonfean

Metrolo

Doxepine

Hctz

Methamizole

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Ultram

Cardesium

Provocol

Ropoinirole

Review of the facility policy dated on Storage of Medications it states under 1 and 2, kept in locked area at all times, refrigerated medications shall be in locked refrigerator or container.

During an interview with the Medication Technician on duty on at 8:15 AM, she stated I forgot to close and lock the door. She confirmed the door had been propped wide open and the medications were unsecured. She confirmed the door had been propped open since 7:30 AM. She confirmed the old medications had been in the open container for several weeks , she had no firm amount of time. She confirmed the refrigerator containing the was unlocked with no lock on the door at all. There was no documentation for the medication provided.

During an interview with the Administrator on at 9:25 AM, she confirmed the medications were old. She stated she would call the pharmacy and have someone come and pick them up immediately. She stated the refrigerator and the medication should have been d locked. She stated the medication should always be closed and locked. No further information was provided.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview the facility failed to ensure a refill of the in a timely manner for 1 of 4 residents (#4).

Findings:

During the Medication Provision Observation on beginning at 7:35 AM, Resident #4 had orders to receive . There was no

Review of Resident #4 ' s record revealed 17 grams daily, ordered on the Medication Observation Record dated Physician ' s order was originally .

Review of the facility policy dated 2/1/01 under the fifth bullet states "medications are to be" refilled in a timely manner .

During an interview with the Medication Technician on duty at 8:30 AM on , she stated the for Resident #4 had not been refilled.

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During an interview with the Administrator on at 9:25 AM she confirmed there was none of the ordered for Resident #4.

Class III