STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	09/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bethesda On Turkey Creek	2800 Fordham Road, Ne Palm Bay, FL 32905	
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
unannounced relicensure survey with initial Limited Nursing Services survey was conducted.

Bethesda at Turkey Creek had deficiencies found during the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to ensure physician orders were followed for medications with parameters for 1 of 15 sampled residents (#14).

Findings:
Observation of the Medication Pass for resident #14 on at 11:45 AM revealed the unlicensed staff took the resident's and then administered (for 20 milligrams (mg) twice a day in the AM and at noon.

Review of resident #14's record revealed an Assisted Living Facility Health Assessment Form (1823) dated that stated diagnoses of , history of spinal compression and . The 1823 stated the resident needed assistance with self-administration of medications, was with behavioral disturbances and was hard of hearing and had decreased vision.

Review of the physician order sheet dated through signed by the physician, with no date documented, stated, 20 mg twice a day in the AM and at noon. Hold if less than 110. monitor check twice a day at 8 AM and 12 Noon.

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Review of the monthly vital sign sheet and Medication Observation Record (MOR) for 2013 revealed the unlicensed staff were taking the 's and administering the medications on:

- time not documented- medication not held
- one taken, time not documented, needed at 8 AM and 12 Noon
- time not documented - medication not held
- not taken, needed at 8 AM and 12 Noon
- one taken, time not documented, needed at 8 AM and 12 Noon
- time not documented - medication not held
- time not documented - medication not held
- time not documented - medication not held
- no 's documented at 8 AM or 12 noon

The facility did not follow physician orders to take 's twice a day and to withhold the medication when the was less than 110.

In an interview with the administrator on at approximately 12:30 PM who stated she was not aware the unlicensed staff were giving medications with parameters to the resident and the physician orders were not followed.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure physical were used only with a biannual, written order from the resident's physician and with the consent of the resident or the resident's representative for 1 of 15 sampled residents (#2).

Findings:

Tour of the facility on at approximately 10:30 AM revealed resident #2 was in bed with half side rails up.

Resident record review revealed resident #2 had an Assisted Living Facility Health Assessment Form (1823) updated on with diagnoses of chronic back pain, a history of

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abnormal gait and The resident was alert and oriented with some and needed precautions. The resident was independent eating and needed assistance with ambulation, eating, transferring, toileting, bathing and dressing.

Interview with the caregivers on at approximately 3 PM who stated the resident was unable to raise and lower the side rails.

Review of the resident record revealed there was no documentation to review to indicate a physician's order for the use of the half side rails or consent for the use of the side rails from the resident's representative had been obtained.

In an interview with the administrator on at approximately 3:15 PM who stated the resident did not have an order and or consent for the use of the half rails.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to ensure, when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times and did not administer medications to 1 of 15 sampled residents (#14).

Findings:

Observation of the Medication Pass on at 11:45 AM revealed the unlicensed staff put 20 milligrams (for (for pain) 50 milligrams (mg) and Phillips (for one tablet in a cup with applesauce. The staff held the spoon and assisted the resident to put spoon with the applesauce and medications into the resident's mouth. The resident did not respond to verbal prompting to take the medication and was unable to hold the spoon in her hand independently.

Review of resident #14's record revealed an Assisted Living Facility Health Assessment Form (1823) dated that stated diagnoses of , history of spinal compression and The 1823 stated the resident needed assistance with self-administration of medications was with behavioral disturbances and was hard of hearing and had decreased vision.

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Review of the monthly vital sign sheet and Medication Observation Record (MOR) for 2013 signed by the unlicensed staff revealed:

On through the 20 mg twice a day was charted as given at 8 AM and at 12 PM.
The 's were charted twice a day on 9/3, 9/4, 9/5, 9/6, 9/8, 9/9, and
The 's were charted once a day on and

The licensed nurse did not take the resident's and administer the medication with parameters, which required a nursing judgment to determine when to give and hold the medication.

In an interview with the administrator on at approximately 12:30 PM who stated she was not aware the unlicensed staff were giving medications with parameters to the resident. She also stated the medication should be on the cart for the nurses to give.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observations, record review and interviews the facility failed to ensure that all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to provide a nursing service, the application and removal of a soft neck collar to 1 of 15 sampled residents (#1).

Findings:

Observations during the facility tour at approximately 10 AM noted resident #1 wore a soft neck collar.

The resident stated in an interview at approximately 11AM that the Certified Nursing Assistants put the brace on for her in the morning and removed it when she went to bed because she could not do it. The collar helped her keep her chin and head up.

The staff who worked the morning shift on said date stated that when she came to work the resident had the brace on, the night staff must have help her put it on.

Resident record review at approximately 2:45 PM revealed a health assessment report form

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1823 dated . . . . . that listed diagnoses of Parkinson's, . Body . . . . and . . . . . She needed assistance with ambulation, bathing, and dressing and transferring; supervision was needed with eating, toileting, and . A prescription dated . . . . . indicated soft collar. A prescription dated . . . . . read soft collar- . . . . . diagnosis of . . . . . pain.

The administrator stated in an interview at approximately 1:30 PM that the facility needed a Limited Nursing License, and that was why they had applied to be able to assist residents. She was not aware that the staff assisted resident #1 with her collar.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility did not ensure residents who needed assistance with self-administration of medications, signed the informed consent, described in Rule 58A-5.0181, F.A.C for 1 of 15 sampled residents (#2).

Findings:

Resident record review for #2 revealed an Assisted Living Facility Health Assessment Form (1823) dated . that stated the resident received assistance with self-administration of medications.

There was no documentation to review to indicate the resident had signed an informed consent described in Rule 58A-5.0181, F.A.C. that indicated if a nurse would oversee medications.

In an interview with the administrator on . . . . . at approximately 3:15 PM, she stated she was unable to find the resident's informed consent.

Class III

Z827-Unlicensed Activity 408.812, FS
Based on observation, record review, and interview the facility failed to ensure they obtained a Limited Nursing Services license before a neck collar was applied for 1 sampled resident #1.

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Findings:

Review of the facility license on at approximately 9:15 AM noted the facility was a Standard Assisted Living Facility (ALF).

Observations during the facility tour at approximately 10 AM noted resident #1 wore a soft neck collar.

The resident stated in an interview at approximately 11 AM that the Certified Nursing Assistants put the brace on for her in the morning and removed it when she went to bed because she could not do it. The collar helped her keep her chin and head up.

The staff who worked the morning shift on said date stated that when she came to work the resident had the brace on, the night staff must have help her put in on.

Resident record review at approximately 2:45 PM revealed a health assessment report form 1823 dated that listed diagnoses of Parkinson ' s, Body and . She needed assistance with ambulation, bathing, and dressing and transferring; supervision was needed with eating, toileting, and A prescription dated indicated soft collar.

The administrator stated in an interview at approximately 1:30 PM that the facility needed a Limited Nursing License, and that was why they had applied to be able to assist residents. She was not aware that the staff assisted resident #1 with her collar.

Unclassified

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Review of the physician order sheet dated through , signed by the physician, with no date documented, stated, 20 mg twice a day in the AM and at noon. Hold if less than 110 and Phillips caplets one four times a day. Physician order dated stated 50 mg four times a day.

The unlicensed staff did not follow the proper procedure when assisting with self-administration of medications and administered her medications.

In an interview with the administrator on at approximately 12:30 PM she was not aware the unlicensed staff was not following the proper procedure with assisting with self-administration of medications. She also stated the resident had recently declined.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview the facility failed to ensure medication administration was provided by a licensed nurse for 1 of 15 sampled residents (#14).

Findings:

Observation of the Medication Pass on at 11:45 AM revealed the unlicensed staff took resident #14's and then administered (for 20 milligrams (mg) twice a day in the AM and at noon. Hold if less than 110.

Review of resident #14's record revealed an Assisted Living Facility Health Assessment Form (1823) dated on that stated diagnoses of , history of spinal compression and . The 1823 stated the resident needed assistance with self-administration of medications was with behavioral disturbances and was hard of hearing and had decreased vision.

Review of the physician order sheet dated through and signed by the physician and not dated listed the following medications: 20 mg twice a day in the AM and at noon. Hold if less than 110. monitor check twice a day at 8 AM and 12 Noon.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bethesda On Turkey Creek
2800 Fordham Road, Ne
Palm Bay, FL 32905

Dear Administrator:

Re: FS w/Initial LNS

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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