State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966504

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility
BEACON VILLA RETIREMENT CENTER

Street Address, City, State, Zip Code
141 KAELYN LANE
PORT SAINT JOE, FL 32456

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** KA	**Date:** 10/15/10	**Signature of Surveyor:** KA	**Date:** 10/15/10
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	10/10/2013
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 Revisit survey (CCR#2013009055) was conducted at Beacon Villa Assisted Living Facility in Port St. Joe, Fl on 10/10/2013. Deficient practice was identified during the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and staff interview the facility failed to obtain a Clinical Laboratory Improvement Amendments (CLIA) Certificate prior to performing glucose testing on 1 of 3 sampled residents. (#2)

The findings include:

Review of resident #2's clinical record was conducted on The record revealed a signed physician's order dated to initiate Limited Nursing Services for 10 units every morning, per sliding scale and glucose testing) 3 times daily before meals and at bedtime. The Medication Administration Record for and 2013 revealed the results of the resident's glucose levels as ordered.

At approximately 1:15 PM on the surveyor asked the Corporate Consultant to provide the facility's CLIA Certificate for laboratory tests. At approximately 1:58 PM on the facility provided a copy of the initial application for the CLIA Certificate dated

An interview was conducted with employee A (Licensed Practical Nurse for resident #2) on at approximately 1:59 PM. Employee A stated the nurses check resident #2's glucose level 4 times a day as ordered and the resident does not provide any assistance with the task. She confirmed the facility did not have a CLIA Certificate and had applied for one.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review, staff interview and policy review the facility failed to ensure administered medications were documented on the Medication Record for 1 of 3 sampled residents. (#2)

The findings include:

Review of resident #2's clinical record was conducted on The record revealed a signed physician's order dated to initiate Limited Nursing Services for 10 units every morning, per sliding scale and glucose testing) 3 times daily before meals and at bedtime. The physician then ordered for the dose of to be increased to 14 units every morning on The Medication Administration Record (MAR) for 2013 was reviewed and listed the inject 14 units every morning. The MAR was not signed from 1-10, 2013 for the administration of

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Beacon Villa Retirement Center	**141 Kaelyn Lane** **Port Saint Joe, FL 32456**	
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An interview was conducted with Employee A on at approximately 12:36 PM. Employee A reviewed the resident's 2013 MAR and confirmed the administration was not documented. Employee A confirmed the nurses administer resident #2's every morning as ordered and should have documented the administration of the medication.

The facility policy for Assistance with Routine Medication was reviewed on #10 of the policy stated initial in each square on the resident's current MAR that corresponds with the scheduled assistance time and date for the assisted medications.

Class III

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 revisit to the above stated complaint survey, and an Extended Congregate Care monitoring survey 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 and the State Form Revisit Report which indicates deficiencies that were found corrected.

Section 408.811(4), Florida Statutes, requires that you correct identified 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,

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

DH/kb
Enclosure

XG90

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