STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943102	11/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of The Palm Bea	2090 N. Congress Avenue West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 biennial standard relicensure survey was conducted on and Savannah Court of the Palm Beaches, had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record review, the facility failed to maintain a general awareness of a resident's health needs, and failed to ensure a resident received needed services for 1 of 2 sampled Residents (Resident #4). As evidence of the facility not monitoring the Resident's ability to self-maintain a and not ensuring timely provision of care.

The findings include:

Review of Resident #4's record revealed she was admitted to the facility on Her AHCA Form 1823 (medical examination) dated documented she had a and needed occasional assistance with the bag, advanced with disturbances, Parkinson's , occasional and required monitoring of her well-being on a daily basis. During the entrance conference conducted at 8:55 AM, the facility's Director of Health Care stated Resident #4 self-maintained her and bag.

1. Observation of Resident #4 and her apartment was conducted at 9:34 AM. Upon entry, a strong odor was present. The resident revealed her bag was not attached to the the bag was strapped to her leg in an upside-down position. She stated it got twisted and she needs help fixing it.

Observation of her two used bags, one on the sink vanity and one hanging from the towel bar. Smears of fecal matter were observed over the toilet commode and on two washcloths; one on the sink vanity and one in the shower.

A subsequent observation was conducted on at 9:22 AM with Employee A, (a Licensed Practical Nurse). Employee A confirmed the odor was present. The resident revealed her bag was again not attached to the ; this time it was strapped to her leg in a lopsided position. Resident #4 stated she did not know how it got that way. Further observation of the resident's the used bag was still located on the sink vanity, the other used bag was in her trash bin. However, the resident stated she did not know where it was. A smear of fecal matter was observed on her top sheet in the center of the bed and she stated the linens were wet because she had an accident.

Further review of her record revealed a Health Care Provider's (HCP) progress note dated documented she was forgetful. Review of her home health nurse notes dated through revealed an entry dated documenting the resident was educated in proper technique in emptying and re-attaching the

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bag.

In an interview conducted at 11:15 AM, the resident's home health nurse stated she was forgetful. She further stated her instructions did not include monitoring or maintaining the but she did so because she noted a odor in her was concerned she was not maintaining the bag properly.

2. Review of Resident #4's record revealed a Verification Documentation of Face-to-Face Encounter which certified a Medical Doctor examined Resident #4 on care to upper was identified on this form as the medical condition requiring nursing services from home health care. A Home Health Certification and Plan of Care form documented the start of care date as , 25 days after the medical need was identified. The facility did not have record of the initial nursing evaluation but a Communication Log completed by the home health Nurse documented care treatment began on . In an interview conducted on at 11:15 AM, the resident's home health nurse confirmed the information contained in the log. This concern was discussed with the Director of Health Services on at 10:59 AM.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interviews, the facility failed to ensure that expired or discontinued medications were returned to resident's families or discarded within 30 days, for 2 of 75 residents (Residents #2 and #12).

The findings include:

1) An observation of the Wellness Center was conducted on at 8:54 AM. Employee A (licensed nurse) was present. The surveyor opened the drawers of the cabinet and observed a clear plastic bag which contained 12 bottles of resident prescribed medications for Resident #12 and a single bottle of medication prescribed for Resident # 2. When asked why the medications were stored in the cabinet; Employee A stated that the medications had been discontinued and the facility was waiting for the family to pick them up. The Employee stated that Resident #12's medication had expired on and the family had not come to pick them up. The medication for Resident #2 was discontinued on and her family had not picked it up either. Employee A confirmed that all discontinued or expired medications should be returned to the resident's family within 30 days, and that since the families of Resident #2 and #12 had not picked the medications up, they should have been destroyed.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on interviews and record review, the facility failed to ensure timely refills of prescriptions, and failed to discontinue medications as physician ordered for residents who receive assistance with self-administration of medication, for 2 out of 8 residents reviewed for medication self-administration (Resident #4 and #18)

The findings include:

1. Resident #18 was admitted to this facility with the following diagnoses: Degenerative,

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, and right Hip; , Chronic Failure, , and Recurrent Review of the medication self-administration assessment form on at 11:12 AM revealed that the resident is allowed by the interdisciplinary team to self-administer over the Counter medications only.

1. During an interview on at 2:00 PM Resident #18 reported that she was not given one of her medications the night before at 9:00 PM) and also the morning of this interview.

2. The Med Tech assigned to this resident was interviewed at 2:30 PM on the same date and she confirmed that she did not give Isosorb Mono Tab 60 MG ER which the physician ordered to be given twice daily (9 AM and 9 PM) for beginning . The Med Tech reported that she had placed a reorder for the medication but was unable to provide the evidence of the order when asked.

3. During an interview with the LPN on at around 3:00 PM, she also was not able to verify that the medication was reordered. However, immediately she contacted the Pharmacy and the Nurse confirmed that the Pharmacy did not receive any order for Isosorb Mono Tab 60 mg.

4. On the morning of at 9: 40 AM, an interview with the Med Tech and the LPN was conclusive that the resident did not receive the Isosorb the night of but only received it in the morning of at 9:00 AM.

5. Review of the resident chart on at 10: 00 AM revealed that her was

II. Review of Resident #4's record revealed a written Health Care Provider (HCP) order dated that called for discontinued use of Desmopressen. In an interview conducted at 10:48 AM, the HCP who signed the order, with the facility's Director of Health Care present, confirmed the written order. Review of Resident #4's through Medication Record (MORs) conducted at that time revealed the resident continued to receive this medication from through . As evident of staff signature on the MORs for aforementioned time frame.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Court Of The Palm Beaches
2090 N. Congress Avenue
West Palm Beach, FL 33401

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 , **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-D is
Field Office Manager

AMD/dso
Enclosure: State form 3020
XG90

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