STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Care Cottage	2277 S.E. Lennard Road Port Saint Lucie, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey with Extended Congregate Care (ECC) was conducted on and at Paradise Care Cottage. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to obtain an accurate and updated health assessment (AHCA), for 1 of 2 sampled resident records reviewed (Resident #30). As evidence of the facility's failure to obtain face to face medical examination by health care provider, every 3 years and documented on a Resident Health Assessment form (AHCA form 1823).

The findings include:

Record review of Resident #30's Health Assessment, revealed an assessment / examination date of . This examination was dated over 3 years ago, which is beyond the allowable assessment period. Further record review failed to indicate any examination conducted after the initial examination of .

An interview was conducted with the ECC supervisor on at approximately 11:30 AM. She stated the assessment was the most current assessment for Resident #30. She acknowledged the assessment dated was beyond the allowable 3 year assessment period and that a new assessment was required.

Class III

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

Based on observation, interview and record review, it was determined the facility failed to follow physician orders as prescribed and to ensure documentation was completed related to monitoring of parameters prior to the use of hypertensive medications, for 1 of 5 residents observed during assistance with the self-administration of medications (Resident #1).

The findings include:

Review of Resident #1's health assessment (AHCA 1823 form), dated reflected diagnoses of non-in dependent Skin and This document noted status as stable. This document indicated Resident #1 requires assistance with the self-administration of medications. A Certificate of Good Physical and Mental Health, dated and signed by the physician, reflected the physician "found this patient to be in good physical and mental health and has no limitations in performing routine duties".

During observation of Resident #1's medications with Employee A, conducted on beginning at approximately 9:00 AM, the following was noted: The label on this resident's hypertensive medication XT 120 mg one cap daily) indicated hold if is less than 90. The MOR (Medication Observation Record) noted 120 mg (a/k/a XT) 1 cap daily hold if is less than 90. Employee A was observed to provide this hypertensive medication to Resident #1 without being observed to obtain reading. Employee A was interviewed at the time of this observation, on beginning at 9:00 AM. She was asked how she determined if Resident #1's reading was within the required parameters (in excess of 90, as this medication is to be held if the reading is less than 90). She stated that the resident's were taken at 8:00 AM. She was asked where this information was documented. She replied that it is only documented if there is a concern with the reading. When asked if she knew what Resident #1's reading was prior to the provision of the hypertensive medication, she could not provide an answer.

During interview and review of Resident #1's MOR for the month of 2013 and the hypertensive medication label with Employee A and the Administrator, conducted on beginning at approximately 10:15 AM, the following was discussed: The Administrator explained to Employee A that if there are specific parameters for the provision of a medication (i.e.

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hold if is less than 90) that this information should be recorded on the MOR prior to the provision of this medication on a daily basis.

During subsequent interview with Resident #1, conducted on beginning at approximately 10:20 AM, he was asked how often the staff of this facility takes his He stated that the staff of this facility does not take his He stated the only time his is taken is when the home health nurse visits and takes his vital signs a couple of times a week.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to ensure that all structural systems and appurtenances are maintained and in good working order.

The findings include:

During a tour of the facility on at 8:45 AM, the following was observed:

1) Badly damaged/broken window blinds in 15 and 36,

2) The doors leading into the residents' are scratched/scraped along lower half of the doors to the following and

During interview conducted with Administrator on at approximately 8:45 AM, the Administrator acknowledged the broken blinds and scrapped areas on the resident doors. She stated she would replace the blinds immediately.

3) On at 10:45 AM, the Surveyor made an inspection of the chairs in the facility's dining 7 of 25 dining inspected were found to be heavily soiled.

4) The supporting column, containing two archways, which is located between the two halves of the dining area, was observed to be heavily marred on the corners above the wainstcotting.

During interview with ECC Supervisor on at 1:15 PM, the ECC Supervisor acknowledged the

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findings regarding the dining and walls in the dining

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview, the facility failed to complete and/or maintain an incident report, for 1 of 2 residents whose resident records were reviewed (Resident #30).

The findings include:

On while reviewing the health record for Resident #30, the following was noted on Resident #30 was transported to the hospital related to a deep tissue and was prescribed pain medication every 4-6 hours, as needed (prn), for severe pain. Further record review revealed there was no documentation in the Resident 30's progress/nursing notes regarding this transfer to hospital.

In the facility's Communication Log, there is a notation, "[Resident #30] Sunday, has prn pain pill ". When reviewing the facility's Incident Log for 2013, no entry of an incident related to Resident #30 can be found in the log, nor can an incident report be located in the Incident Report notebook.

An interview conducted, by telephone, with Med Tech #2, revealed Resident #30 in the EMT had to be called and the resident was transported to the hospital. Med Tech #2 stated, she completed an incident report regarding the and placed it on the Administrator's desk, but does not know where the report is now located.

During interview with ECC Supervisor on she acknowledged the Incident Log did not contain reference to Resident #30's nor was a completed Incident Report located. She further stated the Communication Log notes regarding Resident #30's was incomplete and lacked documentation regarding the investigation of this incident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregrate Care(ECC) that was conducted on , 2013 by representatives 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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