STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	01/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sabal House	150 Crossville Street Cantonment, FL 32533	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

0000-Initial Comments
An unannounced Limited Nursing Services monitoring visit was conducted at Sabal House on . Deficient practice was found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation of resident, and resident and staff interview the facility failed to provide care and services per physician orders to put on and take off ... (deterrent) for 1 of 4 residents (#5) who was prescribed the hose.

The findings are:

The Limited Nursing Services book provided for the facility was reviewed. Resident #5 was found to have an order for knee high (deterrent) hose and indicated to please help don every am (morning) and off every pm (evening) dated . The Registered Nurse (RN) on staff stated that resident #5 refused to wear the hose.

Resident #5 was interviewed on about 1:22 pm. She stated, " I do not wear the hose. We had problems getting someone to put them on in the am and take them off at night. If the doctor says I need to wear them I will wear them. "

On about 1:40 pm the staff RN was asked if she had spoken to the resident today to see if she wanted to wear her hose. The RN stated, " No I did not " .

On about 1:48 pm The Staff RN and surveyor went in and talked with the resident. Resident #5 stated, " I will put them on as long as someone will take them off later " . The Staff RN said, " I am leaving in 15 minutes which is 2 pm. " The resident said I do not think it would do much good for 15 minutes. The Staff RN then said, " Most of the residents I put stockings on will take them off by themselves. " The resident then stated, " I cannot take them off because of my hands. " The stockings were not put on the resident.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on staff interview and staff record review the facility failed to provide the required training to a nonlicensed/noncertified Resident Assistant for 1 of 3 (Employee B) records reviewed within 30 days of employment.

The findings are:

Employee B was hired on . She was hired as a Resident Assistant. A review of her staff training failed to reveal training for resident behavior and needs for employees who are not certified or licensed.

An interview was conducted with the Administrator on about 12:46 pm. She confirmed that Employee B was not a Certified Nursing Assistant. She was requested to provide the above listed training. About 1:30 pm on she confirmed the training was not in Employee B's file. She stated, " It is a separate class. She did not have the class " .

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observation of residents, resident and staff interview, and resident record review the facility failed to provide care per the resident's health care provider for 2 of 4 residents requiring (deterrent/compression hose) (#5 and #6).

The findings are:

The Limited Nursing Services book provided for the facility was reviewed. Resident #5 was found to have an order for knee high hose and indicated to please help don every am (morning) and off every pm (evening) dated . The Registered Nurse (RN) on staff stated that resident #5 refused to wear the hose. A review of the Medication Administration Record (MAR) sheet for Resident #5 revealed that on through the facility was waiting for a larger size. She wore the hose on Monday -Friday the -10th. The record indicates she refused to put them on Saturday and Sunday and 12th. On the 13th she did not wear and the written reason was the Licensed Practical Nurse (LPN) was out sick. Again Saturday and Sunday 18 and 19 the record indicates she refused. There are initials on indicating she wore them. There are no indication what happened on and .

Resident #5 was interviewed on about 1:22 pm. She stated, " I do not wear the hose. We had problems getting someone to put them on in the am and take them off at night. If the doctor says I need to wear them I will wear them. "

On about 1:40 pm the staff RN was asked if she had spoken to the resident today to see if she wanted to

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wear her . _ _ ' hose. The RN stated, " No I did not " .

On . . . about 1:48 pm The Staff RN and I went in and talked with the resident. Resident #5 stated, " I will put them on as long as someone will take them off later " . The Staff RN said, " I am leaving in 15 minutes which is 2 pm. " The resident said I do not think it would do much good for 15 minutes. The Staff RN then said, " Most of the residents I put stockings on will take them off by themselves. " The resident then stated, " I cannot take them off because of my hands. " The stockings were not put on the resident.

The LNS book indicates Resident 6 is to wear compression hose. The resident was observed in the dining . . . . . 12 noon. She was observed not to be wearing her compression hose per physician order dated / / . The order indicates they need to be put on in the am and taken off in the pm.

The Staff RN was asked about the compression hose for Resident #6 about 12:15 pm. She stated, "I was not aware she had her hose in yet". I probably would have seen that she needed them after I checked my book.

The LNS book was checked for the MAR sheet. The sheet shows the hose were put by the LPN on the 15 and 16 nothing is recorded for Friday , Saturday 18 and Sunday 19. They are recorded as being on for the 20th nothing for / / or today .

On about 1:13 pm the Staff RN confirmed the MAR indicates the hose were being put on by the LPN. She did not have an explanation of why she had not noticed this.

An Interview with Resident #6 was conducted about 1:10 pm . The resident says she is not sure about her compression hose, not sure why she needs them.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure limited nursing services (LNS) monitoring survey that was conducted on , 2014 by a representatives 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 , 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
XG90

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