STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	12/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Port St Lucie (the)	10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013008365, was conducted on . . at The Brennity at Tradition. The facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to provide care and services appropriate to the needs of residents requiring . . . . . and/or Sliding Scale . . . Administration, for 2 of 3 sampled residents (Residents #1 and #2).

The findings include:

a) Resident #1 was admitted to the facility on . . . . . The Resident's current diagnoses listed on Health Assessment dated . includes Type II . . . . . The Resident has mild . . and major . . . . . Health Assessment documents, . in AM on Monday and Fridays."

The 2013 Medication Observation Records (MORs) for the months of . . . . . and . were reviewed on . . . . . and compared with . . . . . Sheet Logs for the same months. The . . . . . MORs document . . . . . are to be done twice daily before meals at 6:30 AM and 4:30 PM.

Review of the . 2013 MORs revealed the following.
1) On . . . . . at 4:30 PM, the nurse's initials contained in the date box are circled. There is no documentation on the back of the MOR signifying a reason for the circling of the nurse's initials.
2) On . there are no initials for the 4:30 PM . . .
3) The . . . . . Sheet Log does not contain any evidence an . . . . . was performed on . . . . . or . . . .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	12/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Port St Lucie (the)	10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Review of the 2013 MORs revealed the following.
1) On at 4:30 PM, and on at 4:30 PM, the MOR is initialed on these dates. However, the Sheet Log for does not contain any evidence that were performed on or at 4:30 PM.

Review of the 2013 MORs revealed the following.
1) On at 4:30 PM, the MOR is initialed, but the Sheet Log for documents the performed on was not done until 8:30 PM, 4 hours after it is supposed to be performed. There is no notation as to why the was performed 4 hours late.

Review of the 2013 MORs revealed the following
1) On at 4:30 PM, the initials on the MOR on this date are circled. The explanation on the back of this sheet of the MOR documents, " Injection, The nurse has to give it. Not giving. "
2) The Sheet Log for does not contain any evidence that an was performed on

After being shown the MORs and Sheet Logs, the Administrator stated, on at 3:00 PM, " I have no idea why the sheets would be incomplete, or why the are not being done as prescribed. "

During an interview with LPN#1, on at 4:40 PM it was revealed, " I have two residents that get [Resident #1] gets 4 times a day on Monday and Friday..." When asked if there was a new physician order for Resident #1 for increased as the MOR has only 2 required daily on Monday and Friday. The LPN got the resident ' s chart and looked at the MOR. She replied, " I made a mistake. This resident is only to receive 2 a day, at 6:30 AM and 4:30 PM." The LPN confirmed that she had just finished the 4:30 on this resident.

Interview with LPN #2 on at 4:45 PM also confirmed Resident #1 is to get 6:30 AM and 4:30 PM on Monday and Friday.

b) Resident #2 was admitted to the facility on The Resident's diagnoses listed on Health Assessment dated include II. The resident is and is on precautions.

On A review of the MORs and Sheet for the month of and 2013 for Resident #2 was conducted. The following was noted:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	12/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Port St Lucie (the)	10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

1) On , a physician order is received for twice a day (6 AM and 4:30 PM) and , 42 units injection) twice a day before meals (7:45 AM and 4:45 PM).
2) The Sheet reveals a lack of information for the 4:30 on .
The Sheet reveals the conducted on is not conducted until 10:30 AM, 4 ½ hours after prescribed.
3) On Resident was taken to the hospital for . A fax is sent to ARNP/Physician on and documents, " Resident sugar = 34. Resident does not want (refuses) to cooperate with care. Paramedics called; Resident Sugar is 30. Resident still refused to drink or eat to bring sugar up. Taken to the hospital for evaluation. " The Family was notified.
4) On , a new order was written by physician for 32 units, twice a day before meals.
5) Labs done on show Glucose at 26 on a scale from 70-105.
6) On , Sheet documents is conducted at 4:15 AM, approx. 1.75 hours earlier than prescribed.
7) On , physician orders done 4 times a day.
8) On , are only performed twice a day, 6 AM and 5:30 PM.
9) On and , are only performed once a day, 6 AM.
On , a physician order is written to discontinue all .
On , a physician order is written for with Sliding Scale coverage."
10) On , a review of the Sheet Log documents was only performed twice, at 11:30 AM and 4:30 PM. The 4:30 is documented with a sugar reading of 353. Thirteen (13) units of was given to the resident. Based on the sliding scale, only 8 units was supposed to be given to the resident.
11) On the Sheet documents two are performed, 2:30 AM and 4:30 PM.
12) On the Sheet has two entries for 8 AM; one entry has a sugar reading of 129, the other entry has a reading of 203. An was performed at 4:43 PM with a sugar reading of 250, and a " 40 u " appears in column labeled " Units/Type Given " . According to sliding scale, 4 units are to be given for sugar reading of 250-300. The last is conducted at 12:05 AM with a sugar reading of 53.
13) On , a new order was written for 10 units of is to be given every morning at 8:00 AM. sugar is taken at 11:45 AM and is 345. Sliding scale in MOR documents 351-400 = 8 units. Only 6 units of is given, according to Sheet. At 9:30 PM, a sugar reading of 356 is recorded on Sheet, but no units of is recorded as being given.
14) On at 2:40 AM, a sugar reading of 378 is recorded with a note next to reading, "B/S Monitored given. 9:30 PM
15) On , a change in physician order which documents 14 units of is to be

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967815	12/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Port St Lucie (the)	10685 Sw Stoney Creek Way Port Saint Lucie, FL 34987	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

given every morning at 8:00 AM. This order was discontinued on .
16) On , a physician order is received for to be done before meals and at bedtime.
15) Resident is discharged on .

An interview was conducted on at 2:28 PM, with ALF Administrator regarding sliding scale coverage and units given on and by LPN. The Administrator stated, "I do not have an explanation as to why the resident was given 32 units or less units than required on . This LPN recently resigned and no longer works for the facility." The Administrator also stated, "I have no idea why the were not being done as prescribed."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Brennity At Port St Lucie (The)
10685 SW Stoney Creek Way
Port Saint Lucie, FL 34987

Re: CCR #2013008365

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 - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924