STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966659	02/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Jamaica Shores	171 Sw Euler Ave Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreivated relicensure survey inspection with LMH (Limited Mental Health) and LNS (Limited Nursing Service) was conducted on [redacted] at Jamaica Shores. The facility had licensure deficiencies identified at the time of this visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, it was determined the facility did not ensure unlicensed staff that provide assistance with the self-administration of medications followed appropriate protocols. As evidence of the facility failure to provide all medications prescribed by physician, wash/sanitize hands; timely/accurate documentation, and informing resident of type of medication provided, for 3 of 3 sampled residents (Residents #1, #2, and #4).

The findings include:

1) During observation of Employee A providing assistance with the self-administration of medications, conducted on [redacted] beginning at approximately 8:00 AM, the following was observed. She was observed to obtain the plastic container labeled with Resident #2's first name. She was asked who prepared this container of medication; she stated she did. This container held an individually prepackaged sealed plastic bag from the pharmacy that held 4.5 pills for this resident as follows:

a) [redacted] 25mg (quantity 1/2)
b) [redacted] 5mg (quantity 1)
c) [redacted] 400mcg (quantity 1)
d) [redacted] DR 40mg (quantity 1)
e) Slow Release Iron 160mg (quantity 1)

This plastic bag noted [redacted] Thursday at 8:00 AM. This staff member was not observed to wash or sanitize her hands prior to, during, or after the observation of providing assistance to this resident with her medications. Employee A was also not observed to verify the label on the individual plastic

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bags to the MOR (Medication Observation Record) prior to providing these medications to Resident #2. Employee A was also not observed to verbally identify these medications (by prescribed name or by type of medication) to Resident #2. Employee A did not initial the MOR until after she completed providing assistance with medication for all 5 residents of this facility on at approximately 8:35 AM. At this time she went page by page through the MOR and initialed each medication that was scheduled to be provided at 8:00 AM.

During medication reconciliation of the observed medications provided, to the label on the individually labeled package from the pharmacy and then to the MOR and physician's order, the following were noted. 2mg twice daily was noted on the MOR and on the physician's order that was dated . This medication was not noted on the label of the individually packaged medication provided to Resident #2 during this medication observation. During an interview with Employee A, conducted on beginning at approximately 9:05 AM, she was asked why this resident was not observed to have been provided this medication, even though she had initialed it as having been provided. Employee A then escorted this surveyor to the locked medication contained a locked filing cabinet with Resident #2's medications. She obtained an unopened prepackaged plastic bag from the pharmacy which the label indicated , Thursday at 8:00 AM and 2mg (a/k/a . She could not provide an explanation as to why this medication was not provided along with the other medications that were scheduled for 8:00 AM. She also could not provide an explanation as to why she initialed the MOR as having provided this medication to Resident #2.

2) During subsequent observations of Employee A providing assistance with the self-administration of medications for Resident #1 on beginning at 8:20 AM and Resident #4 on beginning at 8:10 AM, the following was observed. Employee A was not observed to wash or sanitize her hands prior to, during or after the observation of providing assistance to these residents with their medications. Employee A was also not observed to verify the label on the individual plastic bags to the MOR (Medication Observation Record) prior to providing these medications to Resident #1 and Resident #4. Employee A also failed to verbally identify these medications (by prescribed name or by type of medication) to Resident #1 or Resident #4. Employee A was also not observed to initial the MOR (Medication Observation Record) until after she completed providing assistance with medication for all 5 residents of this facility on at approximately 8:35 AM. At this time she went page by page through the MOR and initialed each medication that was scheduled to be provided at 8:00 AM.

During interview with the Administrator, conducted on beginning at approximately 9:40 AM, she was informed that Employee A did not provide the 2mg per physician's order and MOR (Medication Observation Record) until surveyor intervention. She was also

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informed that Employee A did not wash/sanitize hands while providing assistance to 3 separate residents during this medication observation. She was also informed Employee A did not initial the MOR as having provided medications until after all residents had been provided assistance with their medications. The Administrator who also stated she is a LPN (Licensed Practical Nurse), acknowledged understanding of the above noted concerns and stated it appears additional training is needed.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on interview and record review, it was determined the facility failed to ensure each direct care staff member received a minimum of 3 hours of continuing education biennially in subjects dealing with mental health, for 1 of 2 sampled direct care staff (Employee A).

The findings include:

During record review and interview with the Administrator, conducted on beginning at approximately 12:15 PM, she was provided the opportunity to locate continuing education for Employee A (date of hire noted as in topics related to mental health. She was able to locate the initial 6 hour training that was conducted on . She acknowledged that she was not aware of the requirement that each staff member of a facility that holds a LMH (Limited Mental Health) license, is required to obtain at least 3 hours of continuing education related to mental health biennially.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Jamaica Shores
171 SW Euler Ave
Port Saint Lucie, FL 34953

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by 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 (30) 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
Enclosure: State form 5000-3547

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