STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	642 Sw Jacoby 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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) was conducted on at Treasure Coast. The facility had licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interviews, the facility failed to ensure that medications were documented when administered and also when refused, for 4 of 4 residents (Resident #1, Resident #2, Resident #3 and Resident #4).

The findings include:

1) The Medication Pass Observation was conducted on starting at 8:01 AM. Comparison of the Medication Observation Record for the month of 2014, revealed blanks in the record for Resident #1. Review of the MOR revealed the lack of documentation for the following medications indicating the resident had received the medication.

a) 1 mg twice daily, no documentation on for a total of one unaccounted for dose
b) Hydroxazine 1mg three times daily, no documentation on 2/9 and
c) Olanzaine 1mg at bedtime, no documentation on 2/9 or
d) Dipenhydramine 21mg at bedtime, no documentation on 2/9 or
e) 1mg every morning, no documentation on
f) Famotadine 1mg every morning, no documentation on

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

g) 1mg po at bedtime, no documentation on 2/9 and
h) 1mg three times daily, no documentation on 2/9 or

2) Review of Resident #4's MOR revealed the lack of documentation for the following medications, indicating the resident had received the medication.
a) Donzepril 5mg daily, no documentation on
b) Polyiron one daily, no documentation on
c) Laix 40 mg daily, no documentation on
d) 50 mg daily, no documentation on
e) 20 meq daily, no documentation on
f) 10mg twice daily, no documentation on 2./1

3) Review of the MOR for Resident #2 revealed the lack of documentation for the following medications, indicating the resident received the medication.

a) 81 mg every morning, no documentation of any doses in
b) 20 meq three time daily, no documentation on 2/4, 2/5, 2/6, 2/7, 2/8, 2/9 andf
c) Ferrou 325 mg daily, no documentation for any doses in 2014
d) 75 mcg one daily, no documentation on 2/5, 2/6, 2/7, 2/8, 2/9 or
e) 20 mg three times daily, no doses documented on 2/5, 2/6, 2/7, 2/, 2/9 anf
f) 25 mg daily, no doses documented on 2/5,2/6, 2/7, 2/8, 2/9,
g) 5mg daily, no doses on 2/5, 2/6, 27, 2/8, 2/9,
h) Carvidilol 3.15 mg every 12 hours, no doses on MOR for the month of
i) 25 mg at bedtime, no doses documented for the month of 2014
j) Simvastin 40 mg daily, no doses documented on 2/5, 2/6, 2/7, 28, 2/9/,
k) C 500 mg , no doses documented for the month of 2014
l) 20 mg daily with lunch meal, no doses documented on 2/5, 2/6, 2/7, 2/8, 2/9,

4) Review of the MOR for Resident #3 revealed the lack of documentation for the following medications, indicating the resident received the medication.

a) 150mg every am, no dose on
b) 1 cap in water daily, no doses documented for the month of 2014
c) 5 % patch apply one daily, no doses documented for the month of 2014.
d) 45 mg at bedtime, no doses documented for the month of 2014
e) Quetapine 200mg one daily at bedtime, no doses documented on

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	AL11967747	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	642 Sw Jacoby Ave Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The surveyor asked the Administrator why there were so many blank spaces on the MOR. She stated that on the 10th, the staff member probably failed to document the administrations. The remaining blank spaces were probably when residents refused to take medications. When asked how the staff are to document refusals, she stated that they should write a "R" in the space, so you would know. The Administrator confirmed that facility staff failed to document assistance with self-administered of medications and/or failed to document refusals of medication by a resident.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure documentation was on file that indicated each employee (within 30 days of hire) was free of signs and symptoms of communicable ..... including ..... for 2 of 3 sampled employee files reviewed (Employee A and Employee C).

The findings include:

During interview and employee record review conducted with the Administrator, on ..... beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation to reflect the following employees had a statement (within 30 days of hire) from a health care provider that indicated they were from signs and symptoms of communicable ..... including .....

a) Employee A (date of hire noted as ..... only had documentation that a ..... was conducted on ..... and was negative. This was not within 30 days of hire and did not indicate this employee was free from signs and symptoms of communicable ..... including .....

b) Employee C (date of hire noted as ..... only had documentation that a physical examination was completed on ..... including a chest x-ray (no results noted) on the form. This was not within 30 days of hire and did not indicate employee was free from signs and symptoms of communicable ..... including .....

The Administrator could only locate the above noted documentation for Employee A and Employee C. She stated she thought results from a ..... were sufficient to meet the requirement.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
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Treasure Coast	642 Sw Jacoby Ave Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each staff member had been provided with all of the required trainings, for 2 of 3 sampled employee files reviewed (Employee A and Employee B).

The findings include:

Record review of Employee A and B ' s file, revealed both did not have all of the required training. During interview with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation to reflect the following employees had received the following required trainings:

1) Employee A (direct care staff with a date of hire noted as

a) Control (1 hour within 30 days of hire)

b) ADL (Activities of Daily Living) (3 hours within 30 days of hire)

c) Elopement policy and procedures (1 hour within 30 days of hire)

d) Emergency Preparedness (1 hour within 30 days of hire)

e) Incident Reporting (1 hour within 30 days of hire)

f) Resident Rights (1 hour within 30 days of hire)

g) Recognizing and Reporting Neglect, and (1 hour within 30 days of hire).

2) Employee B (direct care staff with a date of hire noted as

a) Control (1 hour within 30 days of hire)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	642 Sw Jacoby Ave Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

b) Elopement policy and procedures (1 hour within 30 days of hire)

c) Emergency Preparedness (1 hour within 30 days of hire)

d) Incident Reporting (1 hour within 30 days of hire)

e) Resident Rights (1 hour within 30 days of hire)

f) Recognizing and Reporting , Neglect, and (1 hour within 30 days of hire)

The Administrator could not provide any explanation as to why the above noted employees did not have the required trainings documented in their employee files.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on interview and record review, it was determined the facility failed to ensure that each employee had documentation on file to reflect they had received training in the topic of and within 30 days of employment, for 2 of 3 sampled employee files reviewed (Employee A and Employee B).

The findings include:

Record review of Employee A and B's files, revealed both lacked documentation of and training. During interview with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation to reflect the following employees had 2 hours of training on the topic of and within 30 days of hire:

a) Employee A (direct care staff with a date of hire noted as
b) Employee B (direct care staff with a date of hire noted as

The Administrator acknowledged that neither of the above noted employees had any documentation of and training located in their employee files.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	642 Sw Jacoby Ave Port Saint Lucie, FL 34953	
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Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review, it was determined the facility failed to ensure that each unlicensed employee that provides assistance with the self-administration of medications received a minimum of 4 hours initially and a minimum of 2 hours annually thereafter for 1 of 3 sampled employee files reviewed (Employee C).

The findings include:

Record Review of Employee C ' s file, revealed the file lacked documentation of the initial 4 hour medication training. During interview conducted with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate the initial 4 hour training for unlicensed staff that provide assistance with the self-administration of medications and the 2 hour annual update for unlicensed staff the provide assistance with the self-administration of medications for Employee C (a Certified Nursing Assistant with a date of hire noted as . The only course documented for Employee C was noted on an on-line certificate, dated for 2 hours entitled "Assistance with Self-Administration of Medications - AMAP Refresher Course". This employee has been working at this facility since without documentation of completion of the initial minimum 4 hour course and the annual 2 hour updates for 2011, 2012, and 2013. The Administrator acknowledged documentation of the required trainings was not in this employee's file.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on interview and record review, it was determined the facility failed to ensure that each employee had documentation on file to reflect they had received training in the topic (Do No Orders) within 30 days of employment, for 2 of 3 sampled employee files reviewed (Employee A and Employee B).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	642 Sw Jacoby Ave Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of Employee A and B ' s file, revealed both files lacked documentation of training. During interview conducted with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation to reflect the following employees had hours of training on the topic of within 30 days of hire:

a) Employee A (direct care staff with a date of hire noted as
b) Employee B (direct care staff with a date of hire noted as

The Administrator acknowledged that neither of the above noted employees had any documentation of training located in their employee files.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on interview and record review it was determined the facility did not ensure they maintained a written work schedule which reflects its 24-hour staffing pattern for a given period of time.

The findings include:

During entrance conference conducted with the Administrator, conducted on beginning at approximately 10:20 AM, she was asked where the facility's 24-hour staff schedule is maintained. She pointed to a document on on the wall that was in the form of 2014's calendar and it contained 2 staff member's names handwritten on this document daily. She was asked what each staff member's scheduled hours were, as they were not noted on the document. She replied that one is a live in (24-hour shift from 8:00 PM - 8:00 PM) and the other one was usually her and she usually worked 9:00 AM - 3:00 PM. She was asked how this document represented the amount of staff hours worked in order to determined if staff to resident ratios were met. She acknowledged that it did not indicate hours for each staff members.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	02/11/2014
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L243-LMH - Training 58A-5.0191(8) FAC
Based on interview and record review it was determined the facility did not ensure that each employee that works with residents with mental health diagnosis in a limited mental health facility had received the minimum of 6 hours of specialized training provided or approved by the Department of Children and Families within 6 months of hire for 1 of 3 sampled employees files reviewed (Employee B).

The findings include:

Record review of Employee B's file, revealed it lacked documentation indicating the employee had received LMH training. During interview conducted with the Administrator, on beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation to reflect Employee B (with a date of hire noted as had been provided a minimum of 6 hours of training in working with individuals with mental health diagnosis within 6 months of hire. The Administrator acknowledged she was not able to locate this required documentation.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and record review it was determined the facility failed to ensure that each employee had a current background screening on file, for 1 of 3 sampled employee files reviewed (Employee A).

The findings include:

During interview and employee record review conducted with the Administrator, on beginning at approximately 11:20 AM, she was asked why a current background screening was not conducted for Employee A (with a date of hire noted as and a background screening that was dated The Administrator stated that she thought the background screenings were good for 5 years. She was informed that a former employer's background screening could be accepted if she had verified that there had not been a lapse in employment that had exceeded 90 days. She was asked if she had verified that. She replied that she had not. Employee A's employment application was reviewed and indicated the most recent employer was another Assisted Living Facility (the only date noted was The Administrator asked if she had contacted this previous employer for a reference and to verify employment dates (if that was a start date or a termination date). She replied

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/11/2014**
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

that she had not done this. The Administrator was asked if she had made any attempt to determine if there had not been a break in employment for Employee A that had exceeded 90 days. She replied that she had not because she was not aware of this requirement, she just thought the background screening was good for 5 years.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Treasure Coast
642 SW Jacoby Ave
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative 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 561 381-5850.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

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