STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	05/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Masonic Home Of Florida	3201 1st Street, N.E. Saint Petersburg, FL 33704	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on .

The Masonic Home of Florida, assisted living facility, had a deficiency at the time of the visit.

N278-LNS - Records 58A-5.031(3) FAC

Based on record reviews and interview, the facility failed to maintain progress notes of the nursing care provided for Limited Nursing Services (LNS), specifically for care, and also failed to provide documentation of the required monthly nursing assessments for 1 (Resident #8) of 2 sampled for LNS.

Findings include:

Interview with Staff A, a licensed practical nurse, on at approximately 1:45pm revealed that Resident #8 currently received LNS for as needed and care for open areas on her back. The she had on her back had care and had already healed.

Review of Resident #8's facility records revealed that she had an order dated for at 2 liters to 3 liters via nasal cannula as needed (PRN) to keep saturation >90%. The order was located on the medication orders dated to . The resident also had an order dated for care to her back for 5 days. The care order consisted of cleaning the /treatment site with ½ and ½ water. Then apply ( ) ointment and dressing. The resident had another order dated for to be applied to the open sores on her back every day for 4 weeks. Resident #8 ' s nurse ' s notes revealed only one note dated that reported that the resident had been seen by the physician assistant and had a to an area on her right, upper back. The nurses were to assist and do treatments through LNS for the resident ' s back. There was no documentation of the care provided, the condition of the site during the treatment, or any documentation that the healed. There were also no notes about the condition of the open sores on the resident's back.

Review of the facility's treatment book revealed a section where staff initialed to indicate that the ordered care had been performed for Resident #8, but there was still no documentation about the condition of the site or that the had healed. There was also no documentation about the condition of the open areas that were still being treated on the resident's back.

In the interview with Staff A on at approximately 3:45pm, she acknowledged the poor documentation;

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especially the lack of notes for Resident #8's care.

Further review of Resident #8's records revealed that she did not have documentation of monthly nursing assessments for 2013, 2014, and 2014.

In a later interview with Staff A on at approximately 4:30p.m., she acknowledged the lack of LNS nursing assessment forms. They could not find them in the forms brought out of storage. The charts had been thinned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Masonic Home of Florida
3201 1st Street, N.E.
Saint Petersburg, FL 33704

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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