STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964649	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oakbridge Terrace At Azalea Trace	10100 Hillview Road Pensacola, FL 32514	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

0000-Initial Comments
A biennial survey with Limited Nursing Services was conducted - . At the time of survey the facility had deficiencies.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, staff interview and record review the Licensed Practical Nurse (LPN) failed to observe resident 1 of 5 residents observed during medication administration. (#5) take their medications.

The findings are:

On at approximately 8:40 am resident #5 was seen eating breakfast in the main dining alone. Other residents were in the dining at other tables. Attempted to interview resident but due to she could not respond appropriately. At approximately 10:00 am dietary staff was indicating to the nurse who was passing medications that the resident left a pill in the medication cup on the table.
Interview with LPN A indicated the resident didn't take it with her other medications earlier. She indicated she left the cup of medications on the dining for her. She said the pill left was for her . The nurse took the pill to the resident in her she took it. She later indicated facility policy is to not leave medications, but to observed the resident take them.
Review of medication observation record (MOR) dated noted an order for 5 milligrams (mg) 1 at 9:00 am and was initialed as given at 9:00 am. Interview with nurse found she gives her med's to resident #5 at breakfast in the main dining . The following med's were poured up with the for resident to take that morning: chew (2) 500 mg with , /HCTZ mg (1), 325 mg (1).

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and personnel record review, the facility failed to provide, or arrange for inservice training regarding resident elopement, for 1 of 4 employees reviewed (Employee E, Contract staff)

Findings include:

1) On / , a review of the personnel file for Employee E was conducted. Review revealed there was no documentation of training regarding resident elopement in the file, and there is no competency evaluation that Employee E received the training.

2) On 7/1/14, a review of the personnel file for Employee E was conducted. There is no documentation in the

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record that the facility provided the employee with a copy of the elopement policy.

3) On at approximately 12 pm, interview was conducted with the Administrator of the facility. She was asked if Employee E has received Elopement training by the facility, and if the employee was provided with a copy of the facility Policy and Procedure for Elopement response. She stated, " no, she has not had the training or been provided with the policy " . She was asked if the facility has arranged for Employee to receive the training and she stated, "no" .

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observation, staff interview and record review found the facility failed to provide Limited Nursing Services (LNS) for 1 of 2 residents sampled needing limited nursing services. (#5)

The findings are:

Observation of resident #5 on at 10:00 am in her compression stocking on both legs.
Review of the Medication Observation Record (MOR) dated indicated staff signing they assist resident applying hose.
Review of LNS log lacked documentation that resident #5 was receiving LNS services.
Review of health assessment dated / found the resident was diagnosed with Insufficiency and mild
Interview with LPN A who cares for the resident and gives her medications on at 9:00 am indicated the resident wears compression hose for and that she is . She use to put them on but now she can't.
Interview with administrator at 10:00 am confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Oakbridge Terrace At Azalea Trace
10100 Hillview Road
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia M. Heiberg, RN

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

DH/pm
Enclosure
XG90

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