STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	07/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Of St Lucie West (the)	501 Nw Cashmere Blvd. Fort Pierce, FL 34986	
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 - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on at The Palms Of St. Lucie West. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to ensure that medication prescribed by the physician was provided to the resident as ordered, for 2 out of 4 residents observation during the medication observation pass with the scheduled med tech (Residents #4 & #5).

The findings include:

1. Review of the physician orders for Resident #4 revealed orders for 10 mg daily and 20 mg twice daily. Observation with the Med Tech/Staff F who was assisting with self-administration of medications at 9:28 AM revealed the following:

a) The Med Tech prepared medications for Resident # 4 at 9:28 AM a total of 9 pills/tablets total, which included 2 10 mg pills and 2 20 mg each tablets. Review of the Medication Observation Record (MOR) for the month of 2014 with the Med Tech revealed the resident was to receive 9 pills total but there were 11 pills observed in the scuffle cup. The med tech then identified an extra and pill in the scuffle cup and removed them. She said at 9:40 AM that she had made a mistake by putting 2 in the scuffle cup and the surveyor made her nervous as she doesn't usually make mistakes. Further observation with the Med Tech revealed there were 2 bubble packets for each of these medications & Staff F said that one of the packets was for the evening dose and got into the banded with an elastic with the morning meds.

b) While counting the medications for Resident #4 (above), Staff F picked the medications out of the scuffle cup with fingers to count them. One dropped on the medication cart and the med tech picked it up and placed it back in the scuffle cup. The med tech was not wearing gloves or other protection. She

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then gave the medication to the resident.

2. Review of the physician order on the MOR for Resident #5 revealed a physician order for ... 81 mg chew & swallow daily. During this same medication observation pass, Staff F prepared ... 81 mg ... for Resident #5 along with the resident's other pills (7 total). She handed the medications to the resident and did not separate the ... from the others for the resident to chew it before swallowing the medication. The resident swallowed them all whole with a glass of water. At this time, this was reviewed with the Resident Care Director who said she would call the physician.

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on record review and interview, the facility failed to ensure that a resident who required limited nursing services was placed on limited nursing services as allowed under the facility license. This affected Resident #1 who was noted to have a brace applied to the right lower extremity that staff were monitoring and providing care to.

The findings include:

Review of the facility policy & procedure fro LNS (Limited Nursing Services) revealed: "The facility shall only provide those nursing procedures approved by the licensing agency (HRS) and only when authorized by a physician....under #9 Caring for casts, braces, and ...

Review of the file for Resident #1 revealed an admission of ... Observation of the resident at 10:20 AM with the Director of Activities revealed the resident sitting in a wheelchair in activity lobby of Memory Care unit with a brace to the right lower extremity & foot. Interview with the Director of Activities in the Memory Unit, at this time, revealed the staff remove and replace the brace for showers only, otherwise it stays on, that she knows of. Review of the physician orders revealed there was no order related to the brace on the resident's foot & lower leg. There was a physician order for Home Health to look after a ... to the right elbow but no order related to the brace.

Interview with the Resident Care Director at 10:47 AM revealed the resident had a ... and was unable to say how the ... occurred; the family was aware and not sure if resident ... trying to get out of bed or on a throw rug between the two beds.

Review of the LNS (limited nursing service) log book revealed the resident name was not listed for the application and removal of the right lower leg brace. Record review revealed there was no evidence

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documented that Home Health was caring for the brace.

The Resident Care Director said the brace stays on until follow up visit with orthopedic for a and that Home Health comes in to monitor but staff monitor it for circulation. She was not aware the aides removed the brace for showers and for dressing the resident (buy putting on socks and slacks).

Interview with the aide on duty at 10:55 AM revealed: the night shift gives shower and the brace can't get wet. She dressed the resident in morning, takes brace off to put on socks and pants and then puts it back on. The aide said the resident cannot bear weight on the foot.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palms Of St Lucie West (The)
501 NW Cashmere Blvd.
Fort Pierce, FL 34986

RE: Limited Nursing Services (LNS) Monitoring Visit
Dear Administrator:

This letter reports the findings of a state licensure survey with Limited Nursing Services (LNS) Monitoring Visit 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 ***08/21/2014*** 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 Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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