STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	09/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gardens Of Port St. Lucie	1699 Se Lyngate Drive Port Saint Lucie, FL 34952	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014007822, was conducted on . . . . . at The Gardens of Port St. Lucie. 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, it was determined that the facility failed to ensure that all staff followed the proper procedure for assisting with self-administered medication, for 1 of 4 residents who were observed receiving their medications (Resident #7).

as it relates to 429.256(3): "(a) taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container

The findings include:

On . . . . . at 9:42 AM, during observation of Employee A assisting with self-administered medications on the 2nd floor, she completed medications for one side of the 2nd floor and stated, "I have to take [Resident #7] her medications. She is all the way on the other side at the end of the hall." I observed Employee A sanitize her hands and dispense into a small cup each of the pills prescribed to Resident #7 from the resident's pill cards stored in a locked medication cart. The Med Tech pours a glass of water and transports, in her hand, the med cup containing the resident's pills and the cup of water from the locked medication . . . . . to Resident #7's apartment, which is located on the other side of the building, at the end of the hallway. The Med Tech handed the resident the cup of pills and the cup of water as she informed the resident that these were her . . . . . medication, her . . . . . and her . . . . . There were 2 other medications contained in the cup of which the resident was not informed . . . . . and Floranex). The Med Tech observed the resident swallow the medications before exiting the

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On , a review of the facility's policy on Assistance with Self-Administered Medications reveals: Purpose of the policy is to "ensure that supervision and/or assistance with medication management is performed according to state regulatory guidelines." Under section titled, Fundamental Information, Definitions: "2. Medication Supervision/Assistance: A resident who requires 'stand-by' supervision or physical assistance with medications such as...read the medication label to the resident, and verify correct medication, dose and strength."

During interview with Clinical Director, Executive Director, and ALF Administrator on at 4:00 PM, they acknowledged the action of Employee A did not follow regulatory guidelines related to bringing the resident's medication, in its properly labeled container to them, and reading the label in the presence of the resident before dispensing the medication from its container.

Class III

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

Based on observation, resident record review and staff interview, the facility failed to 1) ensure Med Techs immediately update Medication Observation Records (MORs) each time medications are offered or administered, and 2) ensure accurate charting of MORs to reflect each time a medication is taken, and any missed doses, for 2 of 7 residents whose MORs were reviewed (Residents #3 and #4).

The findings include:

1. On at 8:20 AM, during observation of Med Tech A assisting with self-administered medications on the 2nd floor, Med Tech A went into Resident #4's provide her morning medications. Upon entry, the Med Tech noticed the resident was still in bed. Resident #4 stated she did not feel well, so the Med Tech contacted the Nurse to come and check on the resident.
At 8:35 AM, after the Nurse exited, the Med Tech went back and gave Resident #4 her medications.
At 8:59 AM, the Nurse instructs Med Tech A to give Resident #4 a dose of which is a prescribed "as needed" medication for this resident. Med Tech A provides the resident the dose of but does not initial the MOR immediately after providing Resident #4 with the medication.

At 10:02 AM, still not signed off in the Medication Observation Record (MOR).

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At 12:55 PM, when checked, the MOR contained Med Tech A's initials next to the medication for this date, and the back page of the MOR had documentation citing the reason for the dosage.

2. On . a review of the facility's resident sign-out log, documents Resident #3 is signed out of the facility at 8:30 PM on . and the Resident does not return to the facility until 6:30 PM on . .

Review of Sign-In/Sign-Out Log for . documents Resident #3 is signed out of the facility at 3:15 PM; there is no actual time of return listed on Resident Sign-in/Sign-out Log.

A review of Resident #3's Medication Observation Record (MOR) was conducted on . . . . The following was noted:

a) . . Solution 0.5mg/Albutrin . . . . . 3 mg inhaler solution is initialed as given on . . . . at 5:00 PM; however, the resident is not in the facility on this date and time to receive this treatment.

b) . . . . . inhaler solution is initialed as given on . . . . . at 7:00 AM; however, Resident is not in the facility on . . . at 7 AM to receive this treatment.

The back of MOR medication sheet documents: . . . -2 PM - Duo neb - Resident LOA[leave of absence] not given." The back of MOR does not address the 7 AM treatment.

. . - 5 P, 7 P Neb[ulizer] tx [treatment]- Resident LOA with granddaughter;

c) Methylpredinsolone, 4 mg, is initialed as given on . . at 5:00 PM; however, resident is out of facility on this date and time.

d) . Palmoate, 25 mg to be given every 8 hours for itch; MOR contains no initials indicating medication was given for date of . . . at the dosage times of 3:00 PM or 11:00 PM. There is no documentation on the back of the medication sheet as to the reason for the missed doses.

On . . . . . at 3:50 PM, during interview with the Clinical Director, "I tried to find the reason why the MOR is initialed for medications given when Resident # 3 was out of the facility, and why there are blank spaces on the MOR when medication should have been given, but I could find no explanation."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gardens Of Port St. Lucie
1699 SE Lyngate Drive
Port Saint Lucie, FL 34952

RE: CCR #2014007822

Dear Administrator:

This letter reports the findings of a complaint 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 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/dso
Enclosure: State form 5000-3547
XG90

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