STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968401	10/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
S&b Kingdom Care, Llc	53 Riviere Lane Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0051-Medication - Pill Organizers-
0057-Medication - Over The Counter (otc) Products-1
0078-Staffing Standards - Staff-10
0079-Staffing Standards - Levels-1(
0081-Training - Staff
0082-Training -
0083-Training - First Aid And
0084-Training - Assis Self-Admin Meds & Med Mgmt-10
0090-Training -
Z815-Background Screening; Prohibited Offenses-

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Revisit New Tags:
0031-Resident Care - Third Party Services-58a-5.0182(7) Fac
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
A follow-up relicensure survey was conducted on
S&B Kingdom Care had Licensure deficiencies found at the time of the visit.

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on record review and staff interview, the facility failed to communicate with a third party provider regarding a resident's condition for 1 of 3 sampled residents, Resident #2.

The findings include:

Review of the 2014 Medication Observation Record (MOR) for Resident #2 revealed a physician order for two Plus 8.6 mg daily (at 8 pm) for It was signed off as given daily until , 2014. It was blank from 2014 until 014.

Employee B on at 10:31 a.m. stated that they were not giving this medication to Resident #2 because she was having loose stools. She stated they have been holding the medication for 7 days. She stated that the hospice nurse was aware of this but hospice notes did not reveal this.
Hospice records revealed the last nursing visit was on It revealed the last bowel movement was a medium one on There was no indication of loose stools or that the was being held.

Employee A on at 11:37 a.m. stated that on Sunday the resident had three loose stools. The hospice nurse was in here the next day. She did not remember if the hospice nurse asked her about the resident's loose bowels or if she told her.

Employee B on at 11:39 a.m. confirmed that documentation did not reveal that hospice staff was told

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of the resident's loose stools and medications were withheld.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and staff interview, the facility failed to have unlicensed staff assist with self-administration of medication in accordance with the the physician's order for 3 of 3 sampled residents, Residents #1 and #3. This was previously cited on , 2014.

The findings include:

1. Review of the medication storage bin for Resident #1 revealed a bottle of in it. It did not have a prescription label on it from the pharmacy but there was a label on it with a name and directions for use hand written in. Employee A, a caregiver that assisted with medication was interviewed on at 9:05 a.m. Employee A stated that the resident's daughter brought in the medication but they do not give it to her. They only give it when she needed it.

Resident #1 had a physician order for 40 mg/ml oral suspension, give two teaspoons twice a day. Review of the Resident's 2014 Medication Observation Record (MOR) did not reveal this medication at all. Employee B, a caregiver who assisted with medication was interviewed on at 9:10 a.m. confirmed this medication was not listed on the MOR and staff was not giving it.

2. Resident #3 had a health assessment revealing an order for 1500 mcg one every morning. The Resident's 2014 MOR revealed the was signed off as being given daily. Review of the Resident's medication storage bin revealed a bottle of over the counter 1000 mcg. Employee B on at 10:42 a.m. confirmed they have been giving the wrong dose of medication to the resident.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to update the Medication Observation Record (MOR) immediately after giving medications for immediately after giving medications for 3 of 3 sampled residents, Resident's #1, #2 and #3.

The findings include:

Review of the 2014 MORs for Residents #1, #2 and #3 revealed medications were not signed off as given on and for the 8 a.m. medications on , 2014.

Employee A was interviewed on at 9:03 a.m. She stated she already gave the morning medications to all three residents. She confirmed she did not sign for them yet and did not sign for them yesterday either.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
S&B Kingdom Care, LLC
53 Riviere Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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