STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963737	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of West Palm Beach	2330 Village Blvd West Palm Beach, FL 33409	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services Monitoring Survey was conducted at the Arden Courts of West Palm Beach on . . . . . The facility had a deficiency identified at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to ensure that facility staff used personal protective equipment / gloves when administering eye drop medications to ensure that contact precautions were made, for 2 of 3 residents observed during the medication pass procedure in accordance with community held . . . . . Control Standards (Resident #1, and #3).

Finding include:

1) An observation of the medication pass procedure was conducted on . . . . . starting at 8:13 AM. The Nurse poured oral medications and removed a bottle of eye drops from the medication cart and proceeded to the Resident # 1. The Nurse administered the oral medications and then proceeded to administer the eye drop to the resident without the use of protective gloves.

2) Observations on Resident # on . . . . . at 8:55 AM revealed the nurse poured medications for Resident #3 and removed 2 eye drop medication from the medication cart to the administer to the resident. The nurse administered one eye medication with ungloved hands and then handed the pills to the resident who consumed them. Then, the nurse administered the second eye medication, again without the use of protective gloves.

The surveyor conducted an interview with the nurse on . . . . . at 9:12 AM and asked her if she had disposable gloves on her medication cart. The nurse confirmed that she did not normally store gloves on her cart. The surveyor asked the nurse to identify those situations where she would use glove when administering medications. She stated that if she needed gloves, she would get them from the Kitchen. The nurse confirmed that she was unaware that she should use protective gloves when administering eye drop medications. The Director of Nursing was present at the time of the interview and confirmed that

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protective gloves should be used whenever administering eye medications and any other medications when contact with bodily fluid was a potential.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arden Courts Of West Palm Beach
2330 Village Blvd
West Palm Beach, FL 33409

RE: Limited Nursing Services (LNS)
Monitoring Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 13, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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