STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Princeton Village Of Palm Coast	100 Magnolia Traceway Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey with Extended Congregate Care (ECC) was conducted at Princeton Village on , 2015. Deficiencies were identified.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC
Based on a review of resident records, and staff interview, the facility failed to obtain complete information on the AHCA form 1823 (Resident Health Assessment) for 2 of 2 sampled residents (Resident #12 and #14) whose files were reviewed.

The findings include:

1. A resident record review conducted for Resident #12 found an AHCA 1823 that was signed by the examiner on . The examiner failed to print his/her name on the signature page, and omitted his address and telephone number in the required fields.

2. A resident record review conducted for Resident #14 found an AHCA 1823 that was signed by the examiner on . The facility name, address, telephone number and contact person was left blank. The examiner failed to list known the resident's height and weight, or any special precautions needed. The examiner failed to indicate whether or not Resident #14's needs could be met in an Assisted Living Facility, or if Resident #14 required assistance with the self-administration of medications, and if so, what level of assistance she required. The address and telephone number of the examining practitioner was omitted entirely. Section 3 of the assessment, required to be completed by the Administrator to list services offered or arranged by the facility for Resident #14, was left blank.

An interview was conducted with the Residential Services Director on at 3:00 pm. She reviewed the resident health assessments for Residents #12 and #14, and confirmed the missing information.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and staff interviews the facility failed to ensure appropriate control measures were in place, to prevent the transmission of as related to cleaning of the device and proper disposal of used syringes for Resident #12.

The findings include:

During medication observation on at 11:30am, the Licensed Practical Nurse (Emp E) performed glucose monitoring via device for Res# 12, to determine the need for sliding scale After

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completing the , she stated the resident would require 4 units of . . . . i based on the results. The LPN drew up the prescribed amount and administered the injection. The nurse was observed placing the used syringe into a small plastic drinking cup with the exposed needle side down. She proceeded out of the i walked down the hall to the nurse ' s station to dispose of the syringe into Sharps, hazardous waste container (approved container for used syringes). The nurse was then observed placing the . . . . . device in a drawer in the medication cart.

An interview was conducted with the LPN on . . . . . at 11:45am. When asked if each resident had their own personal . . . . . devices. She stated " no " there is one device in each medication cart. She was asked what the procedure for cleaning the device between residents, she stated I use . . . . . i wipes. When asked if that was the facility policy, she was not sure. She was asked if there were safety syringes (syringes designed with sleeve which is pushed up to cover the exposed used needle to prevent needle stick injuries) available for injections. She stated the facility does not have them. The nurse was also asked if the facility provided small portable sharp containers that could be carried to the resident i used syringes be disposed at the time of injection, she stated " no " .

An interview was conducted with Resident Care Director (RCD) on . . . . . at 12:05pm. She was asked what the policy regarding cleaning of the . . . . . devices. She replied, we follow the manufactures ' instructions. When asked what those instructions were, she stated she would have to reference the instruction book. The RCD provided the instruction manual. Review of the Easy Touch, glucose monitoring system . device) user manual. Page 34, revealed care and storage included the following: when cleaning the meter, gently wipe exterior surface using damp cloth. For healthcare professionals using the system on multiple patients, be aware that all items that come in contact with human . . . . i should be handled as potential biohazards. Users should follow the guidelines for prevention of i borne transmittable in a healthcare setting. The RCD was asked if the facility had _ i wipes available to properly clean the . . . . . after each resident use, she stated " no " .

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on a review of employee files, and interviews with staff, the facility failed to ensure the required in-service trainings in emergency procedures and reporting adverse incidents within 30 days of employment for 1 of 3 sampled employees (Employee C) whose files were reviewed.

The findings include:

A personnel file review conducted for Employee C found she was hired on . . . . . as a Licensed Practical Nurse. There was no documentation that Employee C had received the required training in the facility emergency procedures, including chain-of-command and staff roles relating to emergency evacuation, within 30 days of hire. In addition, there was no evidence Employee C received the required training in reporting adverse incidents within 30 days of employment.

An interview was conducted with the Residential Services Director on . . . . . at 3:45 pm. She confirmed the missing trainings for Employee C.

Class III

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0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC
Based on a review of employee files, and interviews with staff, the facility failed to maintain complete personnel records documenting compliance with the trainings required by Rule 58A-5.0191, F.A.C. for 1 of 3 sampled employees (Employee C) whose files were reviewed.

The findings include:

A personnel file review conducted for Employee C found she was hired on [redacted] as a Licensed Practical Nurse. There was no documentation that Employee C had received the required training in the facility emergency procedures, including chain-of-command and staff roles relating to emergency evacuation, within 30 days of hire. In addition, there was no evidence Employee C received the required training in reporting adverse incidents within 30 days of employment.

An interview was conducted with the Residential Services Director on [redacted] at 3:45 pm. She confirmed the missing trainings for Employee C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Princeton Village Of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on , 2015 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 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 surveyor. Should you have any questions please call this office at .

Sincerely,

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

LL/JM/sm
Enclosure

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