STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965677	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RETIREMENT LIVING 451	2425 20TH STREET VERO BEACH, FL 32960	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on [redacted] at Horizon Bay Vibrant Retirement Living of Vero Beach. 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, interview, and record review it was determined the facility failed to ensure that unlicensed staff providing assistance with the self administration of medications did so in accordance with facility policy and procedure; specifically related to rotation of the application sites for [redacted] patches for 4 of 4 sampled residents that utilize [redacted] patches (Resident #1, #14, Resident #20 and Resident #21).

The findings include:

1) During observation of Staff A (unlicensed staff member providing assistance with the self administration of medications), on [redacted] beginning at approximately 9:50 AM, she was observed to remove Resident #14's [redacted] patch from the right upper chest area and apply a new [redacted] patch 4.6mg/24hr on the left upper chest area. She documented the provision of this patch on the MOR (Medication Observation Record) at the time of this observation. However, she failed to document the site rotation of the patch at the time of this observation on the [redacted] Patch Application Record.

During interview and review of the MOR (Medication Observation Record) conducted with Staff E (LPN - Licensed Practical Nurse), on [redacted] at approximately 10:05 AM, she was asked where the facility staff documents the rotation of the sites of the [redacted] patch for Resident #14. She stated that information is documented in a separate book and that either the nurse documents or the med tech tells the nurse and then the nurse documents. She was asked to provide this information for review. Resident #14's [redacted] Patch Application Record, did not have anything documented related to the rotation of the sites since [redacted] (for 4 days). Another date for the month of [redacted] 2015 for this resident was not completed to identify the rotation of the site of the application of the [redacted] patch on [redacted]. The LPN acknowledged that this documentation was incomplete.

During subsequent interview and policy review with the Health and Wellness Director, on [redacted] beginning at approximately 10:30 AM, the facility's policy and procedure entitled "Application and Removal of [redacted] Medication Patch" was reviewed. Item # 6, in the procedure section of this policy, indicates review the [redacted] Site Sheet and determine the appropriate location for the [redacted] patch you are attempting to administer to the resident. Item #10, in the procedure section of this policy, reflected document the administration of [redacted] patch on the residents MAR/MOR (Medication Administration Record/Medication Observation Record) and on the [redacted] Site Sheet. Neither of these steps were followed by Staff A. The Health and Wellness Director acknowledged these steps were not followed by Staff A.

The Health and Wellness Director also acknowledged that item #4 in the Guidelines section of this policy and procedure for Application and Removal of [redacted] Medication Patch indicated Associates are directed to the

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pharmacy/product insert directions for proper patch application and removal. Some patches may not be reapplied to the same skin site for specific periods of time (for example patches may not be reapplied to the same skin site for 14 days). The Health and Wellness Director acknowledged that Resident #14's most recent documentation for the month of 2015 only reflected site rotations for the patches as left chest; right chest; left back; and right back. She also acknowledged that the form provides numbers for 15 different rotation sites and that Resident #14's documentation does not reflect these rotation site numbers as being utilized. She also acknowledge that Resident #20 and Resident #21, who also receive assistance with the application of patches documentation only indicates left front; left back; right front and right back. The Health and Wellness Director stated they will have to utilize the numbered system on an ongoing basis so that the patches are not placed in the same location more often than every 14 days, per facility policy and manufacturer recommendations.

2) During medication observation on beginning at 9:20 AM, Resident #1 was observed receiving a medication patch, placed on her back by the licensed practical nurse (LPN/Staff E). The nurse had not donned gloves prior to the placement of the patch and did not have documentation available for review of where the patch had been placed for the previous 14 days, to prevent placement of the patch in the same area.

During interview with the nurse on at 10:00 AM, she stated she did not know if a Patch Application Record for the had been started since the resident had recently began receiving assistance with medication. Review of the resident's 2015 MAR (Medication Administration Record) revealed the resident had received assistance with administration of the patch, as evidenced by documented staff initials each morning, on 16, 17, 21, 22 and 23, 2015. During review of the resident's records, there was no Patch Application Record found to show the patch was placed on different skin sites. During interview with the Health and Wellness Director/RN at 10:15 AM on , she confirmed there was no record of the site placement available for review at this time.

Review of the Application and Removal of Medication Patch "how-to" sheet showed the facility staff assisting with administration of patches, must do the following:

a) may not be reapplied to the same skin site for 14 days.

b) Gloves should be worn when removing and applying patch medication.

The patch for Resident #1 had been applied for 5 days without staff recording the site it was applied to prevent reapplication on the same area. Additionally, gloves were not worn by the LPN/Staff E during application as observed on .

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 2

Based on interview and record review, it was determined that facility did not ensure that newly hired staff, within 30 days after beginning employment, must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable

The findings include:

During interview and personnel record review conducted with the Business Office Coordinator, on beginning at approximately 10:45 AM, she was asked to locate the freedom from communicable statement from a health care provider for Staff E. She stated she has not been able to obtain that documentation for Staff E from her previous employer as of the time of this inspection. She acknowledged that Staff E has been working in the full time capacity as a LPN (Licensed Practical Nurse) at this facility since without that documentation being on file.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and an interview, the facility failed to ensure the carpet in residents' apartments was kept clean and free of stains beyond normal wear and tear.

The findings include:

During tour of residents' apartments with the administrator on at 11:00 AM the carpeting in apartments 233, 323 and 331 was observed with black stains at the entrance and other areas throughout the Additionally, apartment 233 was observed with a bedskirt torn along the bottom edge of the mattress. The administrator acknowledged at this time that this was not normal wear and tear and that it was unknown if these carpets had been identified by staff as needing to be cleaned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Horizon Bay Vibrant Retirement Living 451
2425 20th Street
Vero Beach, FL 32960

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 through 2015 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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