STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965093	04/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey and ECC (Extended Congregate Care) monitoring survey was conducted on and at Chatsworth at PGA National. The facility had deficiencies found at the time of the visit.

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

Based on interviews and record review, the facility failed to ensure licensed nursing staff maintained accurate medication administration records (MAR's) for 3 of 9 sampled Residents (#12, 18 and 19). As evidence of the facility failure to not accurately record medications and treatments in the residents' MAR's.

The findings include:

Review of resident records was conducted and , the following concerns were identified:

1. Resident #12's and 2015 MAR's included an order for 5 milligrams (MG) daily, hold if SBP was less than 120. The following entries were noted:
a. Her entry had Nurse's initials but no SBP was recorded and no explanation was written on the reverse side of the MAR.
b. Her SBP was 118 but the Nurse's initials were not circled and no explanation was written on the reverse side of the MAR.
c. Her entry was illegible and there was nothing written on the reverse side of the MAR.
d. Her SBP was 114 but the Nurse's initials were not circled and no explanation was written on the reverse side of the MAR.
e. Her SBP was 119 but the Nurse's initials were not circled and no explanation was written on the reverse side of the MAR.

Further review of her records revealed no additional information related to these entries. These concerns were discussed with the Assisted Living Facility (ALF) Manager on at 10:00 AM and with the Director of Nursing at 12:32 PM, both Registered Nurses. In an interview conducted at 10:10 AM, the Administrator acknowledged this concern.

2. Review of Resident #18's 2015 MAR revealed an order for DR 35 MG for his to be administered once weekly. The entry for his dose was not initialed and no explanation was written on the reverse side of the MAR. Further review of her records revealed no additional information related to these entries. This was brought to the attention of the ALF Manager on at 10:07 AM. At 12:48 PM the Administrator stated he believed the dose was administered but not initialed on the MAR, but at the time of interview, had no explanation as to why.

3. Review of Resident #19's MAR revealed an order dated for care to her right heel to be

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 Continued From page 1

provided every other day and as needed. The entry for her treatment was not initialed and no explanation was written on the reverse side of the MAR. Further review of her records revealed no additional information related to these entries. This was brought to the attention of the ALF Manager on at 10:07 AM. At 12:48 PM the Administrator stated he believed the treatment was provided but not initialed on the MAR, but at the time of interview, had no explanation as to why.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interviews, the facility failed to ensure licensed nursing staff properly stored resident medications, for 1 of 2 sampled medication carts. As evidence of loose pills observed in the medication cart.

The findings include:

Observation of the medication cart located in the facility's memory care unit was conducted on at 11:50 AM with Employee F, a Licensed Practical Nurse, present. The following concern was revealed.

Four loose pills were observed on the bottom of the first large drawer on the medication cart and one loose pill was observed on the bottom of the second large drawer on the medication cart (photographic evidence obtained). The pills were collected and brought to the attention of the Assisted Living Facility Coordinator, a Registered Nurse, at 11:55 AM who acknowledged they were not properly stored. The first pill was enclosed by an individual dose container and was labeled Ferrex 150 iron. Based on the current Epocrates pill finder, the second pill was 10 milligrams (MG), the third pill was 200 MG, and the fourth pill was 25 MG. The fifth pill was white, round, not labeled and was not identified.

The presence of these loose medications showed facility staff did not ensure resident medications were properly stored, closed or sealed and kept separate from other medications. This was discussed with and acknowledged by the Administrator on at 12:34 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Chatsworth At Pga National
347 Hiatt Drive
Palm Beach Gardens, FL 33418

RE: Relicensure and Extended Congrate Care (ECC)

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 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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