STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	04/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SABAL HOUSE	150 CROSSVILLE STREET CANTONMENT, FL 32533	

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

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted at Sabal House on . Deficient practice was found at the time of the survey.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on staff interview and record review, the facility failed to provide compression hose application as ordered by the physician for 1 of 3 residents (#1) and failed to have an order for services by a health care provider for 1 of 3 residents (#2)

The findings are:

A review of Resident #1's Medication Administration Record (MAR) revealed that the resident did not get her compression hose applied on Friday 4/3; Monday 4/6; Tuesday 4/7, and Wednesday . The response on the back shows the nurse was out of the facility for the above days.

An interview was conducted with the Administrator on about 9:05 am. She only has one licensed nurse in the facility and it is the Director of Nursing (DON).

An interview was conducted with the DON on about 9:45 am. She was asked how care is provided for the compression hose. She stated, "I put the compression hose on in the am and take them off before I leave the facility about 4:30 pm." When she was asked about her care for residents when she is away from the facility she stated, "When I am not in the facility there is no one to put hose for residents".

A review of Resident #2 ' s MAR revealed she also gets compression hose 20-30 mmHg apply in am and remove in pm. A continued review of the records failed to reveal an order for the compression hose. A prescription for Jobst knee hose was found dated .

The DON was interviewed on about 9:45 am concerning Resident #2. She stated, "I do not have a signed order for Resident #2. I sent a new order in several weeks ago for Monday -Friday application of compression hose excluding week-ends". A copy of the original order was requested which is the prescription for the type of hose. The prescription was reviewed by the DON and she confirmed she did not have a specific order for when hose were to be applied and when to be removed. She searched records and confirmed there is currently no order in the facility for applying compression hose for Resident #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services monitoring 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 me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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