STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	**04/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HARBOR PLACE AT PORT ST LUCIE,	**3700 SE JENNINGS ROAD FORT PIERCE, FL 34952**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] and [redacted] at The Harbor Place at Port St Lucie. The facility had deficiencies found at the time of the visit.
The Relicensure survey was conducted in conjunction with complaint survey #2015001102. Please see separate report for findings.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, staff and resident interviews, and resident record reviews, the facility failed to ensure Health Assessments (AHCA Form 1823) were complete and accurate for 2 of 4 residents whose Health Assessments were reviewed (Resident #10 and #12).

The findings include:

1) On [redacted] at time the time of the record review for Resident #10, this resident's Health Assessment noted on page 2, Section 1-D, that the resident's needs could not be met in an assisted living facility, and page 4, section 2-B does not indicate whether the individual needs help with his/her medication, but has an "X" in the box for "Needs Medication Administration". The section which asks for a list of current medications has note "See Attached", but there is no attached list of medications the resident is currently taking. Page 4, Section 2-C, of the Health Assessment was found to be without physician signature, license number and date of examination. Finally, page 5, Section 3, which notes services offered or arranged by the facility for the resident, and is to be completed by ALF Administrator or Designee, had not been completed.

2) On [redacted] at time of record review for Resident #12, this resident's Health Assessment, dated [redacted], did not reflect the current health status of the resident. This Health Assessment documents in sections regarding Treatment Requirements and Special Precautions on page 1 that the resident is [redacted] - skin care/barrier cream/turn & reposition...contact precautions - norovirus". On page 2, Resident is assessed at "assist" for all activities of daily living except eating, and it is documented resident has a communicable [redacted], "Norovirus". SOAP Note completed by Resident #12's primary care physician, dated [redacted], documents, "[Resident] has maintained bowel and [redacted] control, He is ambulatory now with his walker and cane in reasonably stable fashion..." During interview with Resident #12 on [redacted], he stated, "I don't need assistance going to the [redacted] I can do it myself." Resident was observed ambulating with cane inside his apartment, but got into his motorized wheelchair when going outside the apartment. The resident had no special contact precautions in place at this time. Interview with AL Manager on [redacted] reveals Resident #12's current Health Assessment was completed upon discharge from the hospital back in [redacted] of 2014. She acknowledged the Health Assessment needed to be updated, as it did not reflect the Resident #12's current health status.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

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

0052 Continued From page 1

Based on observation, record review, and interview, it was determined the facility failed to ensure that unlicensed staff that provides assistance with the self administration of medications followed Rule 58A-5.0191, F.A.C., and assisted residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.; specifically related to not informing the resident of what medication they are receiving for 5 out 5 sampled residents (Residents #1-#5).
The findings include:
During the medication observation pass on between the hours of 9 AM and 10 AM, it was noted that Staff A failed to inform residents of the medications in which they were being assisted. The following was noted.
1) Resident #1 on at 10:00 AM was assisted with the following medications:
C
2) Resident #2 on at 9:40 AM was assisted with the following medications:
Losart,
3) Resident #3 on at 9:13 AM was assisted with the following medications:
E, Z-Bec, D-3, Oyst
4) Resident #4 on at 9:05 AM was assisted with the following medications:
C,
5) Resident #5 on at 9:20 AM was assisted with the following medications:

During interview with Staff A, conducted on at approximately 10:20 AM, she confirmed she was an unlicensed "med tech" who assisted residents with the self-administration of medication. She also confirmed that she failed to identify each medication to the resident.
During interview with the facility's LPN (licensed practical nurse) and RN (registered nurse), and the administrator, conducted on at approximately 3:15 PM, the failure of the unlicensed staff member of informing each resident of their medications during the medication observation was discussed. They did not provide any additional information or explanation at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure documentation of medication and physician ordered treatments was accurate and up-to-date, for 4 out of 4 sampled residents (Residents #1, #2, #4 and #5).

The findings include:

On the 2015 Medication Administration Records were reviewed for Residents #1, #2, #4 and #5. The following was identified.

a) Resident #1-E reading to be taken prior to receiving at 9:00 AM daily were not

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

0054 Continued From page 2

documented as done on , , and .

b) Resident #2-Gl Powder to be provided only Monday, Wednesday and Friday was documented as given every day from through .

c) Resident #4-Top to be given at 9:00 AM daily was not documented as received on .

d) Resident #5-Weekly weights to be taken and documented, as physician ordered were not recorded on .

During interview with the facility's LPN (licensed practical nurse) and RN (registered nurse), and the administrator, conducted on at approximately 3:15 PM, the staff's failure document the aforementioned medication and treatments was discussed. They did not provide any additional information or explanation at this time.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and an interview, the facility failed to ensure certificates of training contained all required components, specifically the length of time of the training and the training provider's credentials, for 2 out of 3 sampled staff (Staff B and C).

The findings include:

On , the certificates of training for Staff B and C were reviewed and did not have documented the length of time the training was or the trainor's credentials for the following in-services:

a) Staff B- Policy and Procedures, Emergency Procedures, , Control, Elopement Policy and Procedures, and Incident Reporting

b) Staff C-Incident Reporting and Emergency Procedures

During interview with the facility's LPN (licensed practical nurse) and RN (registered nurse), and the administrator, conducted on at approximately 3:15 PM, the omission of the required components on training certificates was discussed. They did not provide any additional information or explanation at this time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harbor Place At Port St Lucie
3700 SE Jennings Road
Fort Pierce, FL 34952

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 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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