STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	08/13/2015
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF PANAMA CITY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 95 GRAND HERON DR PANAMA CITY, FL 32407	

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

0000 Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted at Residences of Panama City Beach Assisted Living Facility in conjunction with a complaint survey (CCR# 2015006834) on . Deficient practice was identified at the time of the survey.

E207 ECC - Services

Based on observation, staff interviews, and policy review, the facility failed to ensure staff check placement of a feeding tube before flushing the tube with water for 1 of 1 residents with a feeding tube receiving Extended Congregate Care services. (#1)

The findings:

An observation of resident #1 receiving a water flush via feeding tube was conducted on at approximately 1:53 PM. Employee A (Licensed Practical Nurse) measured 100 ml of water and placed the water in the resident's feeding tube. Employee A did not check the placement of resident #1's feeding tube prior to administering the water in the resident's feeding tube.

An interview was conducted with employee A on at approximately 1:55 PM. Employee A stated she should have check the resident's feeding tube placement prior to administering the water. An interview was conducted with employee B (Licensed Practical Nurse and Director of Resident Services) on at approximately 1:44 PM. Employee B stated the nurses should check the placement of the feeding tube prior to administering water flushes.

The facility policy for Medication Administration via Tube stated nurses should check tube placement by injecting 10 cc of air into the abdomen with the syringe while auscultating the abdomen with a stethoscope to hear the air bubble enter the stomach. Then gently draw back on the syringe. The appearance of any contents implies the tube is patent and in the stomach. If you meet resistance when aspirating the contents, stop the procedure. Try to reposition the resident and try again. If resistance is still met, notify the resident's physician for further orders.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residences Of Panama City Beach
95 Grand Heron Dr
Panama City, FL 32407

RE: CCR #2015006834

Dear Administrator:

This letter reports the findings of a state licensure complaint survey and an Extended Congregate Care 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

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

Tallahassee Field Office
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