STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	08/20/2015
NAME OF PROVIDER OR SUPPLIER **GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **PORT SAINT LUCIE, FL 34952**	

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

0000 Initial Comments

An unannounced complaint survey, CCR# 2015005285, was conducted on 8/20/15 at Gardens of Port Saint Lucie. The facility had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to provide care and services appropriate to the needs of a resident accepted for admission, for 1 of 4 sampled Residents (#1).

The findings include:

Review of facility records and Resident #1's record conducted revealed she was admitted to the facility on , the resident moved out of the facility on / around 9:30 PM. Her AHCA Form 1823 (medical examination) dated documented she had limited mobility due to back pain, her current medications included 100 milligrams (MG) daily and 5% patch daily, and 325 MG two tablets every 6 hours as needed for pain. An untitled document dated disclosed she had . A Level of Care program review (assessment) form made no reference to her pain issues. An Individualized Resident Service Plan dated disclosed "Monitor for pain and inform the nurse/LCM" in the section titled Pain Management. These pain medications were listed on her medication observation record (MOR) for 2015; the and patch were routine medications that were scheduled to be given at 8:00 AM daily. The first doses should have been received at 8:00 AM on / . The MOR did not reflect staff initials indicating the resident did not receive her 8:00 AM doses on / and . Her Nurses Notes documented the and patch "were delivered" on at 8:00 PM. Further review of her records revealed no documentation showing facility staff identified her pain issues and related care needs. Her MOR documented she received doses of "as needed" on / at 10:30 AM and 8:10 PM.

In an interview conducted on at 12:00 PM with the Resident Service Director present, the facility's Clinical Coordinator, a Licensed Practical Nurse, stated Resident #1 had because she took but was not documented in her records. She acknowledged the lack of documentation showing facility staff identified and provided pertinent care needs related to this resident's pain issues.

Class III

0056 Medication - Labeling and Orders

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	**08/20/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on record review and interviews, the facility failed to ensure staff made every reasonable effort to ensure medications were filled and/or refilled in a timely manner for residents who receive assistance with self-administration of medications, for 2 of 4 sampled Residents (#1 and #4).

The findings include:

1. Review of Resident #1's record conducted / revealed she was admitted to the facility on . Her AHCA Form 1823 (medical examination) dated / documented she required assistance with self- administration of medications. Her current medications included 100 milligrams (MG) daily and 5% patch daily. The first doses should have been received at 8:00 AM on /. The MOR did not reflect staff initials indicating the resident did not receive her 8:00 AM doses on / and / . Her Nurses Notes documented the and patch "were delivered" on / at 8:00 PM. Further review of her records revealed no documentation showing facility staff made any efforts to obtain these medications.

2. Review of Resident #4's record conducted revealed her AHCA Form 1823 (medical examination) dated / documented she required assistance with self-administration of medications. Her current medications included Kwikpen 30 units injected before lunch related to her diagnosis of II. Review of her 2015 MOR revealed an entry related to her dose indicated she did not receive this dose. The nurse's initials were circled and the reverse side of the MOR documented she did not receive this dose because the medication was "not available (out)". Further review of her records revealed no documentation showing facility staff made any efforts to obtain this medication.

In an interview conducted on at 2:30 PM with the Resident Service Director present, the facility's Clinical Coordinator, a Licensed Practical Nurse, confirmed aforementioned and acknowledged the lack of documentation showing facility staff made any effort to ensure these medications were obtained or refilled in a timely manner.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Gardens of Port St. Lucie
1699 SE Lyngate Drive
Port Saint Lucie, FL 34952

RE: CCR #2015005285

Dear Administrator:

This letter reports the findings of a complaint 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida