| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965695 | 09/18/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**HARBOR PLACE AT PORT ST LUCIE,** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3700 SE JENNINGS ROAD**<br>**FORT PIERCE, FL 34952** | |

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

**0000 Initial Comments**

An unannounced complaint survey, CCR# 2015005563, was conducted on 9/1/15 and 9/18/15 at Harbor Place at Port St. Lucie. The facility had deficiencies found at the time of the visit.

**0052 Medication - Assistance with Self-Admin**

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications followed required standards of practice for 1 of 7 sampled Residents (#3) and 2 randomly sampled records (Resident #10 and Employee C) by pre-pouring medications.

The findings include:

Medication systems review and facility record review was conducted / and revealed the following concerns:

1. In an interview conducted / / at 9:37 AM, Resident #3's family member stated on , she was visiting Resident #3 when Employee A, a Medication Technician, entered the apartment and attempted to give medications to the resident that belonged to someone else. The pill cup she had was labeled with someone else's . The family member intervened and prevented Employee A from giving the resident someone else's medications. This was discussed with the Administrator on / who stated she would investigate it. On , the Administrator advised these details were correct, Employee A admitted to pre-pouring medications.

2. Review of facility records conducted / / revealed a General Investigation form dated . It documented a complaint registered by Resident #10's family member related to finding two medications in his apartment that were medications that he did not take. It was reported on / at 1:55 PM. In an interview conducted / / at 5:00 PM, the Administrator stated this was still under investigation. She further stated Employee A (referenced in Item 1 above) was one of the two potentially involved employees. On , the Administrator advised Employee A admitted to pre-pouring medications.

3. Review of employee records was conducted / with the Administrator present. Review of Employee C's record, a Medication Technician hired on , revealed the following concern. A Corrective Action Form dated disclosed, "[Employee C] was the 11-7 Med Tech Monday night on the 2nd floor. She obviously pre-poured medications that she gave, as the plastic tote she used was found in the hall with water cups, gloves, and med souffle' cups (with #'s on them) still in it ..." In an interview conducted / at 5:00 PM, the Administrator acknowledged this employee

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965695** | **09/18/2015** |
| NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,** | STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD FORT PIERCE, FL 34952** | |

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

received a Corrective Action form dated 6/12/14 for documenting a resident received five doses of a controlled substance when there was no supply available at the facility and that she wasn't aware of the 2014 form because it occurred before she started working there. She stated the / was a first written warning and if another incident occurred, the employee would receive either a second written warning and/or be terminated.

Class III

**0056 Medication - Labeling and Orders**

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications had specific written instructions from a Health Care Provider (HCP) that specified the specific dose to be received by the resident for 3 of 7 sampled Residents (#1, 3 and 8).

The findings include:

Medication systems review was conducted /. The following concerns were identified:

1. Resident #1 was admitted to the facility on /. Review of her records revealed a HCP order dated for ( , a ) 20 milligrams (MG) 2-4 tablets daily. Her AHCA Form 1823 (medical examination) dated / documented a HCP order for 20 MG, 1-4 tablets daily. Review of her 2015 medication observation record (MOR) revealed this medication was recorded as 20 MG 1 tablet daily. The resident was observed to receive 1 tablet on // at 9:02 AM. Further review of her record revealed no written HCP order for 1 tablet dose.

2. Review of Resident #3's records revealed a written HCP order dated / for 25 MG twice daily. His 2015 MOR revealed " 25 MG tab take one (1) tablet orally every 12 hours hold if SBP [ , , ] less than 90". Review of his vital sign monitor sheet and MOR documented the following and actions taken by unlicensed staff titled Medication Technicians (MT):
a. / 9:00 AM at 85, the dose should have been held, the MT initialed the dose as given.
b. // 9:00 AM at 95, the should have been received, but there were no MT initials to indicate the dose was received, nor was there any explanation on the reverse side of the MOR.
c. 9:00 AM at 86, the dose should have been held, the MT initialed and circled the dose but there was no explanation on the reverse side of the MOR.
d. 9:00 AM at 103, the dose should have been received, but the MT initialed and circled the dose as though the dose was not received. There was no explanation on the reverse side of the MOR.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965695 | 09/18/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>HARBOR PLACE AT PORT ST LUCIE, | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3700 SE JENNINGS ROAD<br>FORT PIERCE, FL 34952 | |

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

3. Review of Resident #8's records revealed a written HCP order dated 6/4/15 for Florinef ( ) 0.1 MG daily. Her 2015 MOR revealed " [Florinef] 1 tablet daily, hold for SBP greater than 110. Review of her vital sign monitor sheet and MOR documented the following and actions taken by unlicensed staff titled Medication Technicians (MT):
a. / / 9:00 AM at 124, the dose should have been held, but the MT initialed the dose as received. There was no explanation on the reverse side of the MOR.
b. 9:00 AM at 136, the dose should have been held, but the MT initialed the dose as received. There was no explanation on the reverse side of the MOR.
c. 9:00 AM at 161, the dose should have been held, but the MT initialed the dose as received. There was no explanation on the reverse side of the MOR.
d. / 9:00 AM at 92, the dose should have been received, but the MT circled the dose as though the dose was not received and there was no explanation on the reverse side of the MOR.

These concerns were discussed in interviews conducted / at 2:14 PM with the Administrator, a Licensed Practical Nurse, and the facility's Director of Nursing, a Registered Nurse, and again with the Administrator on / / at 1:30 PM.

Class III

**Z815 Background Screening: Prohibited Offenses**

Based on record review and interviews, the facility failed ensure proof of adequate background screening was received, for 1 of 3 sampled Employee records (Employee A).

The findings include:

Employee record review was conducted / with the Administrator present. Review of Employee A's record revealed the following. She was hired on . She was a Certified Nurse Aide. Her duties included assisting residents with self-administration of medications. Her Level II background screening showed an eligible date of / / . She had a lapse in employment from / / through / , more than 90 days, confirmed through review of Employee A's application and interview with the Administrator.

There was no documentation showing the facility obtained proof of an updated Level II background screen as a result of the lapse in employment. The Administrator confirmed the information above and acknowledged this concern. On / , the Administrator advised they were not successful in getting her

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965695 | 09/18/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**HARBOR PLACE AT PORT ST LUCIE,** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3700 SE JENNINGS ROAD**<br>**FORT PIERCE, FL 34952** | |

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

background screen updated, and that Employee A admitted to pre-pouring medications (noted in citation A0052 herein) and resigned her position.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

**RE: CCR #2015005563**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by 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/sf
Enclosure

XG90

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