STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968631	09/30/2015
NAME OF PROVIDER OR SUPPLIER **STUART LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 SE PALM BEACH ROAD** **STUART, FL 34994**	

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

0000 Initial Comments

An unannounced ECC Monitoring Visit was conducted on 09/30/2015 at Stuart Lodge. The facility had deficiencies found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation, interview, and record review it was determined the facility failed to ensure that each resident's medication label matched the MOR (Medication Observation Record) and the physician's orders; specifically related to failing to obtain a revised label from the pharmacist in a timely manner, for 1 of 3 sampled residents (Resident #1).

The findings include:

During medication observation conducted with Staff A (Licensed Practical Nurse), on beginning at approximately 8:45 AM; she obtained Resident #1's medications from the medication cart and placed them in a soufflé cup for the resident to consume the medications. Resident took all of her medications with a cup of water. The following medications were individually labeled as follows and provided to the resident.

a) D 400 take 2 tablets (800IU) by mouth once daily at 5:00 PM
c) 2500 mcg take one tablet by mouth once daily at 5:00 PM
c) 20mg capsule take one capsule by mouth daily twice a day on empty stomach 30 minutes prior to meals

Resident #1 was asked, at this time, if she had eaten her breakfast this morning. She confirmed that she had.

Staff A was asked why the D and B12 were not provided at 5:00 PM per labeling instructions and why the was provided after Resident #1 consumed her breakfast. Staff A stated that the labels are incorrect and that she just had not placed a "change order label" on the packaging. The MOR (Medication Observation Record) was reviewed and it indicated the following:

a) D 400 UI tablet take 2 tablets (800IU) by mouth once daily at 9:00 AM
b) 2500mcg takes one tablet under the tongue once daily at 9:00 AM
c) ( ) 20mg take one tablet by mouth twice daily at 9:00 AM and 9:00 PM

The physician's orders, dated, , indicated the following:

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

a) D 400 UI tablet take 2 tablets (800IU) by mouth once daily at 9:00 AM (effective 04/16/2015)
b) 2500mcg take one tablet under the tongue once daily at 9:00 AM (effective)
c) ( ) 20mg take one tablet by mouth twice daily at 9:00 AM and 9:00 PM (effective)

Staff A stated she had faxed the pharmacy this order sheet on . This order sheet had a stamp that indicated "Faxed" with the date of . Staff A acknowledged that this document did not indicate where it was faxed to. She acknowledged that it was and that there was still no "corrected" pharmacy label on each of the above noted medications and that she had not placed a "change order label" on these medications.

Class III

0082 Training -

Based on interview and record review, it was determined the facility failed to ensure documentation of compliance with trainings was maintained on file for each staff member, for 1 of 3 sample staff records reviewed (Staff C).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 10:00 AM, he was provided the opportunity to locate training for Staff C (date of hire noted as). He was unable to locate this required documentation. The Administrator stated this training is provided upon orientation and he was sure that this staff member had the training and that it is just a matter of not having a certificate on file.

Class

0091 Training - Documentation & Monitoring

Based on interview and record review, it was determined the facility failed to ensure that each staff member had the required training documentation on file, for 3 of 3 sampled staff (Staff A, Staff B and Staff C).

The findings include:

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

During interview and personnel record review conducted with the Administrator, on beginning at approximately 10:00 AM, he was provided the opportunity to locate the following training certificates containing the required components:

a) Staff A (date of hire noted as): Emergency Preparedness and Evacuation & Extended Congregate Care

b) Staff B (date of hire noted as): Extended Congregate Care

c) Staff C (date of hire noted as): Elopement policies and procedures; ; Extended Congregate Care

The Administrator was not able to locate the Emergency Preparedness and Evacuation training documentation for Staff A. He was also not able to locate the Elopement policies and procedures and training documentation for Staff C. He stated it is a part of orientation and that he could not provide an explanation why that documentation was not on file at this time.

Staff A and Staff B had a form entitled Staff Training Checklist for ECC that checked off the section that indicated "All direct care staff providing care to residents in ECC must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an ECC." The Administrator acknowledged that this was no a training certificate with the required components (i.e. number of hours of training and credentials of trainer). The Administrator stated that this concern had been pointed out previously. However, they had not corrected this concern for staff that had been employed, only for staff that was hired after the identified concern. Staff C had an ECC certificate on file; however, the Administrator acknowledged that it did not indicate the number of training hours provided to this staff member or the credentials of the trainer.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Stuart Lodge
1301 SE Palm Beach Road
Stuart, FL 34994

RE: ECC (Extended Congregate Care) Visit

Dear Administrator:

This letter reports the findings of a state licensure 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/dso
Enclosure: State form 5000-3547
XG90

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