RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sabal House
150 Crossville Street
Cantonment, FL 32533

RE: CCR# 2015012312

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring visit and a Revisit to a previous state licensure complaint survey conducted on 14, 2016 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965159	03/14/2016
NAME OF PROVIDER OR SUPPLIER **SABAL HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 CROSSVILLE STREET** **CANTONMENT, FL 32533**	

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

0000 Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted on in conjunction with a follow up survey for a complaint survey conducted on . // . The facility had deficiencies found at the time of the visit.

N278 LNS - Records

Based on record reviews and staff interviews, the facility contracted registered nurse failed to document a monthly nursing assessment for 3 of 4 sampled residents who receive limited nursing services (LNS). (#1, 3 and 4)

The findings are:

Record review for sampled resident #1 revealed a physician order dated // for nursing to apply compression hose Monday-Friday. Record review for sampled resident #1 revealed documentation of the limited nursing assessment monthly nursing assessment form last completed on // . Record review and interview at approximately 1:42PM was done with the Resident Care Coordinator who confirmed the facility registered nurse (RN) is responsible for the LNS services and performing monthly resident assessments and completing the assessment forms. She confirmed the most recent documentation of the resident's LNS monthly nursing assessment was done //_ by this RN. The Resident Care Coordinator telephoned the RN, in the surveyor's presence who stated she did not complete an assessment form, but noted on the progress note. Record review of the Limited Nursing Services Progress Notes revealed the RN's documentation on "Resident to remain on LNS services with facility nurse applying and removing stockings"; the note does not reveal documentation of hands on assessment as being completed.

Record Review for sampled resident #3 revealed the resident is currently receiving LNS services for monthly injections. Most recent documentation of LNS monthly nursing assessment form being completed by the facility RN was completed on // . Record review LNS progress notes done by the RN on . "LNS services to continue for facility nurse administer injections"; the note does not reveal documentation of hands on assessment as being completed.

Record review for sampled resident #4 revealed the resident is receiving LNS S Services for monthly injections. The physician ordered the injections beginning // . Record review revealed most recent LNS monthly nursing assessment form completed by the facility RN on // . The RN documented in the LNS progress notes on documenting resident to continue on LNS services for monthly injections; the note does not reveal documentation of hands on

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assessment as being completed.

Interview and record review with the resident care coordinator and the administrator on at approximately 2:10PM confirmed the RN did not appropriately complete the monthly resident assessment form which is required by the facility. They revealed the RN should have completed the required monthly resident assessment form for for the above stated residents, her notes do not document these monthly assessments were done as required. A review of the RN's Agreement for Licensure Nursing Services signed and dated between the RN and the facility revealed the RN's job responsibilities and requirements included: "Observes and assesses residents on Limited Nursing Services monthly, and signs the assessment and progress notes for residents on such services".