STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968631	06/14/2016
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 Relicensure survey with Extended Congregate Care (ECC) was conducted on 6/13/16 & 6/14/16 at Stuart Lodge (License #12515). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on observations, interviews and record review, the facility failed to ensure resident medical examinations (AHCA Form 1823) reflected a residents' accurate information, for 1 of 4 sampled Residents (#2) by not obtaining clarification of potential discrepancies between the form and the actual resident need.

The findings included:

Review of resident medical examinations conducted / and / revealed the following concerns:

On at 9:46 AM, the LPN was observed while administering Almopidine, , Dexamethason, , Pantoprazol to Resident #2. He was not able to participate beyond opening his mouth, he barely spoke. The LPN spoon-fed him his medications in apple sauce. In an interview conducted at the time of observation, the LPN was asked and stated Resident #2 used to need assistance with self-administration, but has been in recent decline and currently requires administration of medications by a licensed nurse. Review of his / AHCA Form 1823 documented he was forgetful and occasionally . Further review revealed the HCP did not complete the section on Page 4 which documents if the resident needs help with their medications, and whether they need assistance with self-administration of medications or require their medications be administered by a licensed nurse. Review of his / AHCA Form 1823 documented the resident required help with his medications, required assistance with self-administration of medications, and required administration of medications by a licensed nurse. Facility staff should have clarified his medication status for both medical examination forms with the resident's HCP.

Further review of Resident #2's / AHCA Form 1823 revealed the following:
a. The section for nursing, treatments or services disclosed "N/A", the section for the resident's medication list disclosed, "hospice protocol". Resident #2 has received hospice services since .

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The form does not reflect the resident's hospice status.
b. The two sections related to the resident's activities of daily living (ADL) and daily tasks documented he required supervision with all ADL's, and assistance with all daily tasks. The form did not reflect the extent and type of supervision or assistance he required for these functions. c. The HCP did not provide his/her printed name, medical license number, address, or telephone number.
Facility staff should have clarified this information with the resident's HCP.

The above concerns were discussed with the facility's Administrator on around 12:30 PM.

Class III

0053 Medication - Administration

Based on observation, interview, and record review, it was determined the facility failed to administer medications to residents in a timely manner, for 6 out of 12 sampled residents (Residents #1, #2, #16, #18, #19 and #20).

The findings included:

During observation of Staff A (a licensed practical nurse/LPN) conducted on , the following residents received their scheduled 9:00 AM medications:

1) Resident #16's 9:00 AM medications were provided on / beginning at 10:14 AM:
a) 200mg once every morning
b) 180mg once every morning
c) 5mg twice daily
d) 40mg once every morning
e) M20 20MEQ once every morning
f) Metroprolol 50mg twice daily

2) Resident #18's 9:00 AM medications were provided on / beginning at 10:38 AM:
a) 500mg three times daily

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b) + D 600mg/500IU twice daily
c) Ciproflaxin 250mg twice daily
d) 10mg once daily
e) Daily Vite once daily
f) 5% on for 12 hours daily
g) 5mg twice daily

3) Resident #19's 9:00 AM medications were provided on 6/13/16 beginning at 10:50 AM:
a) 325mg twice daily
b) 5mg once daily
c) Milk of Magnesia 400mg/5mL suspension 2 tablespoons (30cc) once daily
d) Sennalax-S 8.6-50mg once every morning
e) D3 2000unit once daily

4) Resident #20's 9:00 AM medications were provided on / beginning at 11:02 AM:
a) 81mg once daily
b) 6.25mg twice daily with meals
c) 100mg once daily
d) 20mg once daily
e) 1mg once daily
f) 20mg once daily
g) 30mg ER once daily
h) M10 10MEQ once daily
i) 20mg once daily
j) - 1000MCG once daily
k) C 500mg once daily

During interview with the Administrator and the DON (Director of Nursing) on / / beginning at 11:45AM, they acknowledged that medications should be provided within a 1 hour window prior to the scheduled time or 1 hour after the scheduled time. They were informed that the last scheduled 9:00 AM medication was provided on / beginning at 11:02 AM for the aforementioned residents.

During interview with Staff A, conducted on beginning at 10:30 AM, he was asked if he is usually still providing medications at this time of the morning. He replied that his duties included assisting

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resident aides with emergencies or any nursing concerns and that the medications run past their scheduled time frames on some days. He confirmed that there were no emergencies on the morning of / / .

The above concerns were discussed with the Administrator on / / at 12:15 PM.

Class III

0091 Training - Documentation & Monitoring

Based on record review and an interview, the facility failed to ensure the training certificates were completed, for 3 out of 3 sampled staff (Staff A, B and C).

The findings included:

On at 1:00 PM, the personnel files were reviewed with the Administrator. Staff A, B and C had certificates of training that were either missing or did not have all of the required components. The staff members had attended the orientation that included the training, but the certificates had not been completed as of this date. The files were reviewed with the Administrator at this time and during interview, he acknowledged the following:

Staff A (date of hire / /)
a) ( ) Policy and Procedures 1 hour
b) Elopement Policy and Procedures
c) /

Staff B (date of hire)
a) ( ) Policy and Procedures 1 hour
b) Elopement Policy and Procedures
c) /
d) Incident Reporting certificate dated with no time documented
e) /Neglect/ certificate dated with no time documented
f) Resident Rights certificate dated / with no time documented
g) Food Safety certificate dated with no time documented

Staff C (date of hire)

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a) /
b) Extended Congregate Care/ECC certificate dated / with no time documented

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 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 , 2016.** 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