STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	08/25/2016
NAME OF PROVIDER OR SUPPLIER THE 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 Relicensure with Extended Congregate Care (ECC) survey was conducted on 08/24/2016 & 08/25/2016 at The Gardens of Port St. Lucie (License #8077). The facility had deficiencies at the time of the visit.

E206 ECC - Service Plans

Based on interviews and record review, the facility failed to ensure service plans for residents receiving extended congregate care (ECC) services were reviewed and updated as required, for 1 of 2 sampled Residents (Resident #1).

The findings included:

Review of Resident 1's medical records conducted revealed the following:

1. She was admitted to the facility on . She was admitted to ECC services on for administration of compression stockings.

2. There was documentation showing her most recent two service plans were reviewed and updated on / and . The service plans were reviewed and updated every six months, and not on quarterly as required.

This was brought to the attention of the facility's Director of Nursing, Clinical Coordinator and Resident Services Director in an interview conducted at 12:20 PM. At 12:45 PM, all three acknowledged the services plans were required to be reviewed and updated on a quarterly basis and they were unable to provide an explanation as to why they were done on a semi-annual basis.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review it was determined the facility failed to register with the clearinghouse all employees that work for this Assisted Living Facility.

The Findings included:

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	AL11932589	08/25/2016
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

During interview and review of the clearinghouse roster for this Assisted Living Facility (license #8077) with the HR (Human Resources) Director, conducted on beginning at approximately 2:20 PM, revealed that this employer had not registered the staff that work solely for the Assisted Living Facility with the clearinghouse under the Assisted Living Facility's licensure. The HR Director stated all employees were registered under the Skilled Nursing Facility's licensure.

During subsequent interview and review of this facility's current 2 week staffing schedule (/ -) conducted with the HR Director, on beginning at approximately 9:30 AM, he acknowledged that the following number of staff, that solely work for the Assisted Living Facility, had not been registered with the clearinghouse under this Assisted Living Facility's license number:

a) 6 Med Techs: 6:00 AM - 2:00 PM shift
b) 6 Med Techs: 2:00 PM - 10:00 PM shift
c) 2 Med Techs: 10:00 PM - 6:00 AM shift
d) 11 Direct Care Managers: 6:00 AM - 2:00 PM shift
e) 10 Direct Care Managers: 2:00 PM - 10:00 PM shift
f) 5 Direct Care Managers: 10:00 PM - 6:00 AM shift

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Gardens Of Port St. Lucie
1699 SELyngate Drive
Port Saint Lucie, FL 34952

RE: Extended Congrete Care (ECC) survey

Dear Administrator:

This letter reports the findings of a state licensure survey with ECC, that was conducted on , 2016 by representatives 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 representatives. 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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