STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968722	11/17/2016
NAME OF PROVIDER OR SUPPLIER **GRAND OAKS OF JENSEN BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NW JENSEN BEACH BOULEVARD** **JENSEN BEACH, FL 34957**	

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

0000 Initial Comments

A Relicensure survey was conducted on /2016 and at Grand Oaks of Jensen Beach (License #12585). The facility had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to ensure a significant change, for 1 out of 2 sampled residents (Resident #1) was documented; and, failed to ensure the resident's health care provider and representative were notified.

The findings included:

Review of Resident #1's last completed health assessment (AHCA Form 1823) dated had documentation indicating the resident had "no" pressure sores. During further review of Resident #1's record, the most recent documentation from hospice noted the following.

a) Resident Observation Log- , Hospice in to visit with resident and address to .
Staged at 2 this time.
b) Supplemental Orders- , mepilex (bandage) to every 3-4 days till healed
c) Conference Summary dated / - , to area
d) Comprehensive Update Visit- / , sacral (area) noted "2 bt 3 cm"

During an interview with the hospice RN (registered nurse) on / at 11:00 AM, she stated the resident "had redness and a pinhole on her sacral area." The hospice notes showing the current status of the resident's sacral area were requested at this time. A Skilled Nursing Recertification Visit note dated / was received by fax and noted the resident has a "sacral that vacillates between and ". This visit 0.1 by 0.1 opening noted."

On / at 1:00 PM, the Administrator and Nursing Manager acknowledged that a pressure is a significant change, requiring notification to the resident's representative and health care provider. The Nursing Manager stated the recent opening of this (or higher) was not communicated to the facility by the hospice staff until this date as it was discovered during the hospice visit yesterday (/). She stated the changes from open to closed, with hospice staff providing the care and assessment.

The resident's representative stated during interview on / at 9:15 AM, that she had not been notified at any time of the resident's , by facility staff or by hospice staff. She stated the "only

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reason I know about it is because I check her myself."

There was no additional documentation of the significant changes, and subsequent notification to the resident's health care provider and her representative, was found at this time in the resident's record. The facility was unable to show documentation of the onset and resolution of the pressure noted in and 2016, or show notification was provided to Resident #1's representative and healthcare provider regarding the pressure .

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and a staff interview, the facility failed to ensure unlicensed staff providing assistance with self-administered medications do so in accordance with procedures described in Section 429.256 of the Florida Statutes. This affects 6 out of 6 residents observed during medication pass (Residents #1, #2, #3, #10, #11, and #12).

The findings included:

1) On 11/ , beginning at 9:28 AM, Staff B (unlicensed staff) was observed assisting Residents #1, #2, and #3 with their medications.

a) For Resident ' s #1, #2 and #3, Staff B took the medication cards from the locked medication cart and prepared the daily dose of each resident's medication into a small cup. Staff B watched each resident swallow their medications. Staff B failed to read the label of each medication to any of these residents at the time she removed the medication from its previously dispensed, properly labeled container.

b) For Residents #1 and #3, Staff B took the medication cards from the locked medication cart and prepared the daily dose of each resident's medication into a small container of applesauce. Staff B took a disposable spoon and scooped out portions of the applesauce containing the resident's medication and fed it to each of these residents, without any assistance being provided by either resident.

2) On / , beginning at 9:20 AM, Staff F (unlicensed staff) was observed assisting Resident ' s #10, #11 and #12 with their medications.

a) For Resident ' s #10, #11 and #12, Staff F took the medication cards from the locked medication cart and prepared the daily dose of each resident's medication into a small cup. Staff F watched each resident swallow their medications. Staff F failed to read the label of each medication to any of these

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residents at the time she removed the medication from its previously dispensed, properly labeled container.

On 11/ at 1:00 PM, an interview was conducted with the Administrator and Nursing Supervisor who confirmed Staff B and Staff F did not follow the proper procedure as it relates to providing assistance with self-administered medications.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
Grand Oaks Of Jensen Beach
125 NW Jensen Beach Boulevard
Jensen Beach, FL 34957

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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 [redacted], 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
XG90

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