

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968796	(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF PANAMA CITY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 95 GRAND HERON DR PANAMA CITY, FL 32407	

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

0000 - Initial Comments

An unannounced Complaint survey was conducted at Residences of Panama City Beach (license #12646) on 12/08/2016 to review CCR 2016011974. Deficient practice was identified at the time of the survey.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on observation, staff interviews and policy review the facility failed to ensure nursing services were conducted by a licensed nurse for 1 of 10 sampled residents. (resident #1)

The findings include:

An observation of morning care was conducted for resident #1 on at approximately 6:25 AM. Employee A (unlicensed resident aide 11-7 shift) was observed to remove the resident's bag and wafer that was adhered to her abdomen. Employee A then applied a new bag and wafer to the resident's abdomen. During the care employee A stated she was not supposed to change the bag and wafer but there was only one nurse in the building and they watch each other's back. She confirmed resident #1 was not capable of completing her own care.

An interview was conducted with employee B (Licensed Practical Nurse 11-7 shift) on at approximately 8:30 AM. Employee B confirmed the resident aide should not be doing care.

An interview was conducted with the Director of Resident Services (DOR) on at approximately 8:54 AM. The DOR confirmed resident aides should not be changing bags and wafers.

The facility policy for Ostomy Pouch Change dated // indicated a nurse should change the ostomy flanged pouch.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

-----, 2016

Administrator
Residences Of Panama City Beach
95 Grand Heron Dr
Panama City, FL 32407

RE: CCR #2016013934 & Revisit Survey

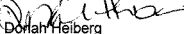
Dear Administrator:

This letter reports the findings of a state licensure 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 , 2017.** 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. Also attached is the revisit report, indicating correction of A0093.

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 me at 850-412-4540.

Sincerely,


Dorah Heiberg
Field Office Manager

DH/dh
Enclosure

XG90

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