



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Oakbridge Terrace At Azalea Trace
10100 Hillview Road
Pensacola, FL 32514

RE: CCR #2016013494

Dear Administrator:

This letter reports the findings of a state licensure survey complaint survey and a limited nursing services monitoring survey that were conducted on , 2017 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 , 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.

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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

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

DH/kb Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964649	(X3) DATE SURVEY COMPLETED 01/05/2017
NAME OF PROVIDER OR SUPPLIER OAKBRIDGE TERRACE AT AZALEA TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 10100 HILLVIEW ROAD PENSACOLA, FL 32514	

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

0000 - Initial Comments

An unannounced limited nursing services (LNS) monitoring visit in conjunction with a complaint survey for allegations contained in CCR #2016013494. Deficient practice was found at the time of the survey related to both LNS and the complaint.

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

Based on observation, resident and staff interviews, and record review, the facility failed to ensure Limited Nursing Services (LNS) were only provided as authorized by a doctor's order for 1 of 3 residents sampled for LNS, #4.

Findings include:

On 1/5/17 at 6:28 AM, Certified Nursing Assistant (CNA) B was observed to apply a brace to resident #4's left knee. An interview was conducted with the resident on 1/5/17 at 6:31 AM. She stated she broke her knee in [redacted] of 2016 and has used the knee brace since. She confirmed she could not apply the brace without assistance.

The resident's medical record both electronic and written was reviewed. No documentation regarding the incident or brace was found. No doctor's order was observed for a knee brace.

An interview was conducted with the Administrator on 1/5/17 at 6:38 AM. She denied knowing the resident had a broken knee and used a knee brace. She confirmed there is no documentation within the resident's medical chart regarding a knee brace. She confirmed that the resident should have been put on LNS for the knee brace.

An interview was conducted with Licensed Practical Nurse (LPN) A on 1/5/17 at 6:57 AM. She stated the resident [redacted] in [redacted] and [redacted] her knee. She reviewed the resident's printed and electronic medical record and stated there was no documentation the resident [redacted], was seen by a doctor, had a diagnosis of a [redacted] knee, family was notified, and no order for a knee brace. LPN A stated, "No, there is nothing documented."

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on staff interview and record review, the facility failed to ensure a monthly nursing assessment was conducted monthly for a resident receiving Limited Nursing Services (LNS) for 1 of 2 residents

**AGENCY FOR HEALTH CARE
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SUMMARY STATEMENT OF DEFICIENCIES
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sampled, #1.

Findings include:

The LNS log was reviewed for resident #1. The last monthly assessment was completed on 1/1/2016. No monthly assessment for 2016 was within the log. Each prior month was reviewed and no other months had missing documentation. The resident's medical chart was reviewed and no monthly assessment for 2016 was found.

An interview was conducted with Licensed Practical Nurse (LPN) A on 1/1/2017 at 4:15 AM. LPN A reviewed both the LNS log and the medical record and confirmed the monthly assessment for 2016 was not done. She stated, "We missed it."

Class III