STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968796	02/28/2017
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 biennial survey with speciality of Limited Nursing Services and Extended Congregate Care was conducted at , Residence of Panama City Beach Assisted Living Facility. At the time of survey deficiencies were identified.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview the facility failed to follow doctor orders for procedures necessary for the proper administration of medication for 2 of the 10 sampled residents (#2, #11).

The findings:
On at 9:34 a record review was completed for residents # 2 and #11. The Medication Observation Records (MORs) for resident #2 were noted with omissions for weights on 2-19, 2-21, 2-23, 2-25 and 2-27. The MORs for resident #11 were noted with omissions of , and pulse on 2-22 and omission for scheduled medication Centrum Silver Tab to be taken once daily.

On at 9:40am an interview was conducted with staff E regarding the omissions of the weights on the MOR for resident #2. Staff E confirmed the omissions and confirmed that the resident was not on a leave of absence (LOA). Staff E confirmed that the weights were used to regulate the resident's dosage of (a medication used to decrease fluid volume) due to the resident's lower extremity (of the legs).

On at 9:45am an interview was conducted with the Director of Nursing (DON) regarding the omissions of the , and pulse and scheduled medication on the MOR of resident #11. The DON confirmed that resident # 11 was not on LOA during the time of the omissions.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview the facility failed to update the medication observation record (MOR) each time a medication was offered or administered to 1 of the 11 sampled residents (#2).

The findings are:
On at 3:35pm a medication pass was observed. Staff D was observed pre-signing and updating the MOR before offering or administering medications to resident #2.

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RESIDENCES OF PANAMA CITY BEACH	**95 GRAND HERON DR PANAMA CITY, FL 32407**

SUMMARY STATEMENT OF DEFICIENCIES
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Review of the MOR for resident was conducted at 3:36 pm on and was noted with the initials of staff D for medications scheduled for 4:00pm on prior to leaving the medication entering the resident's administration of the scheduled medication.

On at 4:20pm and interview was conducted with the Director of Nursing pertaining to policy on medication administration, which confirmed that the facility staff nurses must sign the MOR after medication is offered or administered.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 2 of 3 employees received at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment (#A and B)

The Findings:

A record review was conducted of 3 sampled employees personnel files.
Employee A was hired on and there was no documentation for training for the facility's policy and procedures regarding 's within 30 days of hire.
Employee B was hired on and there was no documentation for training for the facility's policy and procedures regarding 's within 30 days of hire.

On at approximately 3:00pm an interview was conducted with the Executive Director who verified that neither employee had received the training on the facility's policies and procedures regarding within 30 days.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and staff interview the facility failed to have menus signed by a registered dietician that indicated appropriate portion sizes for menu items.

The findings:
On at 10:00am a request was made to review the facility meal menus. The menus dated "Spring

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SUMMARY STATEMENT OF DEFICIENCIES
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2017" were signed by the registered dietician on , but did not have portion sizes indicated. Further review of the previous menus "Spring 2016 & Summer 2016" were signed by the registered dietician on , but also did not have portion sizes indicated.

On at 2:00pm an interview with the Director of Culinary was conducted. He was asked to present the menus with portion sizes, which he did not have in the facility upon request. Menus were presented from an on-line service however; they were not signed by a registered dietician as required by regulations.

Class III

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

Based on record review and interview the facility failed to maintain nursing progress notes for residents receiving limited nursing services (LNS) for 1 of 11 sampled residents. (resident #2)

On at 2:14pm a record review was conducted on resident #2, who was receiving limited nursing services. The progress notes for and were noted to be omitted in the daily LNS documentation.

On at 4:20pm an interview was conducted with the DON regarding LNS progress notes and daily documentation. The DON confirmed that LNS documentation is required daily and omissions were noted for resident #2.

Class III