STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	06/12/2017
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ST LLLP**	STREET ADDRESS, CITY, STATE, ZIP CODE **165 SILVER LN SAINT , FL 32084**	

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

0000 - Initial Comments

An unannounced complaint investigation (CCR #2017002964) was conducted on .

Silver Creek St. LLP had licensure deficiencies at the time of the visit.

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

Based on observation, record review and staff interview, the facility failed to provide evidence of Limited Nursing Services (LNS) services being provided for 1 of 3 sampled residents, Resident # 2.

The findings include:

Review of clinical record for Resident #2 revealed he was admitted on . His Health Assessment (1823) revealed he had diagnosis of severe and requires a unit. The Resident did not have a risk for according to the , 2017 care plan.

The facility progress notes for Resident #2 on at 8 am revealed while assisting the resident with medication , his top and lower lip were purple. He denied any pain when asked but then lifted his leg and stated "hurts" and pointed to his knee and a large and was noted. Ice was applied and his leg was elevated for 10 minutes. Resident #2 was up walking on leg with no limp. He still reported it hurt throughout the day. The resident's wife and physician were notified of the unwitnessed .

A progress note on at 1225 p.m. revealed the resident had ( ) to the left leg and on the knee and toes, and the leg was warm. This was reported to the Resident Care Director. Resident complained of pain. The left leg was elevated on a pillow. An X-ray was completed and no was seen.

A progress note on at 9 p.m. revealed a warm compress was ordered. The left leg was elevated and resident was placed on a for an of , bursa. On a new was started.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969061	**06/12/2017**
NAME OF PROVIDER OR SUPPLIER **SILVER CREEK ST LLLP**	STREET ADDRESS, CITY, STATE, ZIP CODE **165 SILVER LN** **SAINT , FL 32084**	

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

There was a physician order to apply heat compress to left knee several times a day, to be done daily at 8 a.m., 2 p.m. and 8 p.m.

A review of the 2017 Emar (electronic medication record) showed there was no record of the physician order for the heat compress three times a day.

On , there was a physician order to elevate left leg as much as possible.

Review of the 2017 Emar revealed a treatment, to Elevate left leg as much as possible. There was no documentation by staff that this was being done. It was scheduled at 8 p.m.

Employee A, a Licensed Practical Nurse on at 12:45 p.m. stated that if there was an order for warm compresses to be applied that this should be done by a nurse and it should be on the Emar. She confirmed the order for warm compresses and the staff was not documenting it on the Emar. She confirmed the resident should have been placed on LNS services. Resident #2 was not put on LNS services. She did not know why staff was not documenting elevating the legs on the Emar.

On at 2:40 pm, the Resident was observed walking down the hallway toward the Memory Care Unit accompanied by his wife. Resident #2 was wearing shorts and his left knee was slightly red and left leg was slightly edematous. The Administrator was interviewed on at 12:50 pm and confirmed Resident #2's record did not show documentation of hot compresses or leg elevation being completed.

Class III