STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**09/07/2017**
NAME OF PROVIDER OR SUPPLIER **WATERMARK OF GULF BREEZE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MCABEE COURT** **GULF BREEZE, FL 32561**	

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

0000 - Initial Comments

An unannounced limited nursing services monitoring visit in conjunction with a complaint survey for allegations in CCR 2017006889 and 2017007914 was conducted at Watermark of Gulf Breeze (license# 9664) from to . Deficient practice was found at the time of the survey.

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on staff interview, the facility failed to have a registered nurse to complete nursing assessments according to regulation for 23 of 23 residents identified as limited nursing service (LNS) residents.

The findings were:

On at 11:15am, an interview was conducted with licensed practical nurse Employee A. She was asked if the facility employed a registered nurse (RN) in the facility. She stated, "I complete monthly summaries on all limited nursing service residents (LNS). We have no RN who comes in for LNS."

On at 10:42am, the Director of Nursing/Administrator was interviewed. She was asked about the monthly assessments for LNS. She stated, "We do monthly summaries here on all LNS residents." She was asked if LPNs were allowed under their scope of practice to perform assessments. She stated, "no madam." She was asked if the LNS regulation required an assessment monthly. She stated, "I guess so."

Class III

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

Based on staff interview and record review, the facility failed to have a registered nurse to complete nursing assessments according to regulation for 2 of 2 (#1 and #2) residents checked for limited nursing services (LNS).

The findings were:

Resident #1 was admitted to Limited Nursing Services (LNS) on when her medical provider ordered sugars with sliding scale . The facility had a monthly summary signed by licensed practical nurses (LPN) for each month. There were no nursing assessment completed by a registered nurse (RN).

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

Resident #2 was admitted to LNS services on for sugars and injections. He had monthly summaries completed by a LPN for each month. There were no monthly nursing assessments.

An interview was conducted with licensed practical nurse Employee A on at 11:15 am. She was asked if the facility employed a registered nurse (RN) in the facility. She stated, "I complete monthly summaries on all LNS residents. We have no RN who come in for LNS."

The Director of Nursing/Administrator was interviewed on at 10:42 am. She was asked if the LNS regulation required an assessment monthly. She stated, "I guess so." She stated, "We do monthly summaries here on all LNS residents." She was asked if LPNs were allowed under their scope of practice to perform assessments. She stated, "no madam."

Class III