

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968631	(X3) DATE SURVEY COMPLETED 05/02/2018
NAME OF PROVIDER OR SUPPLIER STUART LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 SE PALM BEACH ROAD STUART, FL 34994	

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

0000 - Initial Comments

An unannounced Limited Nursing Services and Extended Congregate Care Monitoring survey was conducted on _____ at Stuart Lodge, license # 112515. The facility had a deficiency at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, record reviews and interviews, the facility failed to ensure that expired and/or discontinued medications were discarded and/or removed from the facility for one of one storage cabinets.

Findings include:

An observaton of medication storage was conducted on _____ starting at 11:46 AM with the 3rd floor medication nurse. The Wellness Director was called and assisted the Nurse to determine when the medications had expired or been discontinued. The following medications were either expired and/ or discontinued in excess of 30 days"

- 1) 2 bottles of Valcyclovir 1000 mg
- 2) 1 bottle Guanifessin 100mg 5ml
- 3) 1 tube of double antiobirtic ointment
- 4) 1 bottle vit d 5000 iu
- 5) 1 bottle _____
- 6) 2 bottle hctz
- 7) 1 bottle of _____ 400mg
- 8) 1 bottle _____ 1000mg
- 9) 1 bottle daily _____ 8
- 10) 1 bottle D3 2000 iu
- 11) 1 bottle robafen 100 mg
- 12) 1 box of _____ inhalation solution
- 13) 1 proair hfa _____ inhaler
- 14) 1 tube of ciclopirox _____ cream 0..77 %
- 15) 1 bottle of pioglitaxone 16mg
- 16) 1 bottle mucus relief
- 17) 1 _____ propionate nasal spray 50 mcg
- 18) 1 bottle levocetiraine 5m
- 19) 1 can of _____

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20) 1 card of ... 325mg ... 21) 1 bottle probiotic 22) 1 bottle preservation tablets 23) 1 box ... 4mg 24) 1 bottle ... la 2mg 25) 1 bottle ... 1000 mg 26) 1 bottle daily 27) 1 bottle poltline 3350 mg 28) 2 boxes of packets 29) 1 inhaler 30) 2 bottles , 5mg1 31) 1 bottle , 600 mg 32) 1 bottle , 0.4 mg 33) 1 bottle robafen 34) 1 box of vials 35) 1 bottle of tamulosin ... 0.4mg 36) bottle of macro 1000 mg 37) 1 bottle of amlodpine ... 5mg 38) 1 bottle unlabeled no doz tablets 39) 1 bottle unlabeled softels 200 mg 40) unlabeled bottle of tablets 41) 1 unlabeled bottle of 5mg 42) 1 unlabeled bottle of murine plus 43) 1 unlabeled bottle of dry eye relief 44) 1 box of Nite time , dextremethorphan, capsules 45) 1 bottle of diphenk 46) 1 bottle 500mg 47) 2 bottles dc 48) 1 unlabeled bottle of zz quil liquid 49) 1 unlabeled bottle of 50) 1 unlabeled bottle of 51) 1 crd of Invega 6mg dc ?18 52) 2 tubes of creaam dated 53) tube cream The Wellness Director confirmed that the facility failed to remove the identified expired and/or discontinued medications within 30 days as required by facility policy.		

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Class III		