STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	08/29/2018
NAME OF PROVIDER OR SUPPLIER **THE GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on [redacted] through [redacted] at The Gardens of Port St Lucie, License # 8077. The facility had deficiencies at the time of the visit.

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observations, record review and interviews, the facility failed to assist 1 out of 1 sampled residents with activities of daily living as needed.

The findings included:

On [redacted] at 9:45 AM, Resident #1 was observed laying in bed wearing pajamas, with his breakfast in styrofoam containers on a rolling table in front of him. During interview at this time, he stated that "the service" at the facility was inadequate. He said that the "RN told him he could get out of bed in a few days when there is more than one staff member that can help get him into his new wheelchair". He stated that the way he was able to get help was by "pushing the hot button (call bell pendant)". He then showed this surveyor the call bell pendant, and pressed the button to see if it worked. A few minutes later, Staff G arrived.

During interview with Staff G at 10:00 AM on [redacted], she stated that the resident was assisted out of bed sometimes, when she could get help from another staff member because "we need 2 people to get him up". She stated the last time he was assisted out of bed was Sunday (3 days ago on [redacted]). She then stated to the resident, "You're not nice to me. You hit me and beat me up every day". When asked if she was alerted to the resident's call bell activation, she showed this surveyor a beeper that was used to notify her of a resident's request for assistance. It was realized by her at this time that the beeper she carried during her shift (6:00 AM to 2:00 PM) was not operating and needed a battery.

At 10:15 AM, the Resident Services Director ([redacted]) was asked why the resident was not assisted out of bed. He stated that the resident was "very mean" and was on hospice. He said that the resident refused to get out of bed, and to "ask his wife". At this time, the resident's progress notes were requested.

At 10:45 AM, the resident was assisted out of bed into his wheelchair by Staff G without assistance from another staff member. The hospice aide arrived and stated his assignment for this resident was to "give him a bedbath". He stated that he did not assist the resident out of bed during his visits twice a week.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	08/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF PORT ST. LUCIE	**1699 SE LYNGATE DRIVE PORT SAINT LUCIE, FL 34952**

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

During interview with the resident's wife at 1:45 PM on , she stated that the resident "can be difficult" but "never refused to get out of bed". She said she has only seen him in bed when she visits about once a week, and that the last time she saw him out of bed was on when he was taken to a medical appointment.

Review of the resident's progress notes since his admission in 2017 revealed no documentation that the resident refused to get out of bed. Review of the hospice notes since admission to hospice on revealed no documentation of the resident refusing to get out of bed. The current health assessment (AHCA Form 1823) dated shows that the resident requires "assistance" with transfers and ambulation. The current hospice plan of care dated documents that the " CNA Assignment" is "total assist", "(resident) must be fed" and that the resident is "bedbound".

On at 9:15 AM, Resident #1 was observed eating breakfast independently while seated in his wheelchair in the dining . He was then observed propelling his wheelchair with no assistance or guidance from the dining his .

These findings were discussed with the Administrator and the on at 12:45 PM. The facility provided no additional information for review at this time.

Class III

E206 - ECC - Service Plans - 58A-5.030(6) FAC

Based on record review and an interview, the facility failed to ensure the Service Plans were reviewed and updated quarterly for 2 out of 2 sampled resident (Residents #9 and #10) who received ECC (Extended Congregate Care) services.

The findings included:

a) On , the ECC Log showed Resident #9 is receiving ECC services for administration beginning on . The Service Plan (labeled "Special Instructions" in the electronic system) was printed by the Resident Services Director ( ) at this time. The plan did not document as a "focus", "goal" or "intervention" in any of the columns. The plan did not have a date of completion of the plan noted, or any documentation to show that the plan was reviewed and updated quarterly. It documents as the resident's "move in date" rather than the resident's start of ECC services date.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	**08/29/2018**
NAME OF PROVIDER OR SUPPLIER **THE GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **PORT SAINT LUCIE, FL 34952**	

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

b) On , the ECC Log showed Resident #10 is receiving ECC services for administration beginning on . The last monthly nursing assessment dated showed the resident was now receiving " care treatment to both legs". The Service Plan (labeled "Special Instructions" in the electronic system) was printed by the at this time. The plan did not document or care as a "focus", "goal" or "intervention" in any of the columns. The plan did not have a date of completion of the plan noted, or any documentation to show that the plan was reviewed and updated quarterly. It documents as the resident's "move in date" rather than the resident's start of ECC services date.

During interviews with the Administrator and at 11:00 AM on , they acknowledged these findings and explained that the ECC Service plans were actually the facility's service plans that were created and updated for all of the residents at the facility. The later provided the plans for Residents #9 and #10 with the ECC services documented with start dates and signatures of review and approval by the ECC Supervisor dated . There was insufficient documentation to show that these plans were created within 14 days of the start of ECC services, included the ECC service in the plan prior to this date, and were reviewed and updated quarterly.

Class III