STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	05/31/2019
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD. PORT SAINT LUCIE, FL 34986**	

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

0000 - Initial Comments

An unannounced Re-Licensure survey was conducted on . . . . . through . . . . . at The Palms Of St Lucie West (License #10438). There were deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interviews, it was determined that the facility retained 2 of 2 sampled residents (Residents #13 and #14) who no longer met the criteria for continued residency in an Assisted Living Facility (ALF).

The findings included:

On at 10:00 AM, Staff H stated that it was difficult to transfer two residents who resided in the secured unit since the residents could not stand. At 10:15 AM, Residents #13 and #14 were observed in the secured unit seated in high wheelchairs. Staff A and I were asked if the residents could bear ⌣ on their . Both staff stated that the residents could not bear ⌣ when assisted by two staff with transfers. A request was made by this writer for these staff members to demonstrate the transfer of Resident #13. The staff stood on either side of the resident, lifted the resident out of the wheelchair, and placed the resident in a dining room chair. The resident's were observed during transfer, and did not flatten on to the floor when transferred. The resident did not bear ⌣ on her . during the transfer.
At this time, the medical examinations (AHCA Form 1823) were reviewed with the Licensed Practical Nurse (LPN). The examinations for these residents revealed the following:

a. Resident #13's assessment dated noted that the resident required "total care" with all activities of daily living (ADLs) except eating.
b. Resident #14's assessment dated noted that the resident required "total care" with all activities of daily living (ADLs).

During interview with the LPN, she confirmed that the documentation of the level of assistance required for these residents was accurate, and that the residents were not able to assist with transfers (total care). She stated that these residents were not on hospice, and had not been determined to be "inappropriate" for ALF residency.

A resident who requires total help with their ADLs is permitted to remain in a standard ALF if admitted to hospice with a plan of care in place to address the resident's total care needs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**05/31/2019**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview it was determined the facility failed to provide convenient access to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. for a facility that has more than 17 residents and in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor where resident's reside.

In addition, the facility failed to ensure the telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents and posted in close proximity to a telephone accessible to the residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873.

The findings included:

During observation of the 2nd floor and interview conducted with the (Resident Services Director), on beginning at approximately 11:20 AM, she was asked if all residents on the 2nd floor have their own telephones. She acknowledged that they do not. She was asked how a resident on the 2nd floor is provided with convenient access to facilitate the resident's right to unrestricted and private communication. She stated all a resident has to do is ask and a staff member will let them use the phone in the nurse's station. The was asked if this nurse's station is ever locked. She acknowledged that it was locked when staff are not present. She was asked if a resident would be left unattended in this room to make or receive a private phone call. She replied that they would not be left alone. The was asked where the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873 numbers are posted on the 2nd floor. She was not able to locate any number besides the Ombudsman's phone number. She stated she was not aware about the requirement for residents to have convenient access to make private calls or that the phone needed to be in close proximity to the required telephone numbers.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	05/31/2019
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

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

Based on observation and interview, it was determined the facility failed to ensure centrally stored medications were kept in a locked cabinet; locked cart; or other locked storage receptacle at all times, for 1 of 2 staff observed providing assistance with the self administration of medications for the residents of this facility (Staff F).

The findings included:

During medication observation conducted with Staff F, on [redacted] beginning at approximately 9:15 AM in the 1st floor TV Room, this staff member was observed to leave the following medications for Resident #2 unattended while she returned to the medication cart in the lobby to obtain a pen:

a) [redacted] patch 9.5mg/24 hour
b) Clear [redacted] 1 drop each [redacted] twice daily

Resident #2 was sitting directly next to the opened package containing the [redacted] patch. There was another resident ambulating independently in this 1st floor TV room at the time of this observation.

During subsequent interview conducted with the [redacted] (Resident Services Director), on [redacted] beginning at approximately 11:55 AM, she was informed of the above noted observation. She replied Resident #2 would not "bother" the medication. She was asked if it was the practice of this facility for staff to leave unattended medications within the reach of residents who required assistance with the self-administration of medication. She replied that it was not.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on interview and record review it was determined the facility failed to ensure that each staff member that works in secured areas (related to ADRD) and that provides direct care for residents with ADRD will receive the [redacted] Training - Level II (4 hours) for 2 of 3 sampled staff reviewed (Staff B and Staff C).

In addition, the facility failed to ensure that each staff member that works in secured areas (related to ADRD) that provides direct care for residents with ADRD will receive a 4 hour update (annually) for 1 of 3 sampled staff reviewed (Staff A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**05/31/2019**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

The findings included:

1) During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 11:00 AM, he was provided the opportunity to locate documentation the following staff that works in secured areas (related to ADRD) and provided direct care for residents with ADRD had received 's Training - Level II (4 hours):

a. Staff B: date of hire noted as
b. Staff C: date of hire noted as

The BOM acknowledged this required documentation was not located in the facility paper or electronic personnel files for Staff B and Staff C.

2) During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 11:00 AM, he was provided the opportunity to locate documentation the following staff that works in secured areas (related to ADRD) and provided direct care for residents with ADRD had received 's Training - 4 hours update (annually):

a. Staff A: date of hire noted as

The BOM acknowledged this required documentation was not located in the facility's paper or electronic personnel files for Staff A.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility record review and staff interview, the facility failed to submit for review and approval to the local emergency management agency the CEMP (Comprehensive Emergency Management Plan), which also includes the Emergency Power Plan (EPP) on an annual basis prior to the expiration of the previously approved CEMP.

The findings included:

On , the Administrator provided the current approval letter from the local emergency management agency for the facility's CEMP (which included the facility's EPP). The approval letter was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**05/31/2019**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

dated . The CEMP approval was to expire a year from the date of the previous CEMP ( ). Documentation was provided showing the current CEMP had been submitted for review on , and was rejected on . A revision to the CEMP was submitted to the local emergency management agency on .

On at approximately 1:45 PM, the Administrator acknowledged the facility's previous CEMP approval had expired, and there was no current CEMP approval in place.

Class III