STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	10/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Plantation	2507 Old St. Road Tallahassee, FL 32301	

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

0000-Initial Comments
On to an unannounced Change of Ownership (CHOW) survey in conjunction with a follow up survey to CCR2014008782 was conducted at St. Plantation Assisted Living Facility. At the time of the CHOW, there were deficiencies identified.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview the facility failed to ensure the residents were free of for 2 of 2 residents with full side rails (#6, and #25).

The findings are:
On at approximately 9:48am during the tour, an observation made of resident #6 during this observation resident's bed had left full side rail in up position and right side rail was in down position. Resident #6 was sitting in wheelchair with sitter in . The sitter reported that the side rails are used at night to keep resident in bed.

On during the initial tour at approximately 8:15 AM resident #25 was observed in bed. It was observed the full length side rails were in the up position on both sides of the bed. (Photographic evidence obtained.)

An interview was conducted with the Director of nursing on at approximately 1:25 PM. She stated they have no policy related to physical because they don't allow them. She stated she was not aware of the full side rails in use for the residents.

An interview was conducted with CNA (certified nursing assistant) G on at approximately 12:16 PM. When asked if the resident was able to put her side rails down without assist she stated "No Ma'am".

class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, staff interview and clinical record review the facility failed to administer medication in accordance with the physicians orders for 1 of 22 (#21) residents observed for medication administration.

The findings are:

On the Licensed Practical Nurse (LPN) E was observed administering a medication 1000 mcg to resident #21.

An observation of the MOR (medication observation record) for resident #21 indicated 100 mcg (micrograms). The LPN E stated the MOR was not correct and the dosage should be 1000 mcg.

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

A review of the clinical record for resident #21 revealed a physicians order for ... 100 mcg oral tablet; take 1 tablet daily.

An interview was conducted with LPN E after the med pass, who stated she has been giving the resident ... 1000 mcg since he was moved to her unit ... She confirmed the physicians order was for ... 100 mcg. She stated she had not informed the physician of the discrepancy of the MOR and physicians order with the medication she had been giving.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to provide a safe living environment for 2 out 38 resident ... observed during the initial tour. ... tanks were not stored properly in .../holders.

The findings are:

During the initial tour on ... at approximately 8:15 AM an ... tank was observed sitting on the floor in ... The ... tank was not secured in a ... or in an ... tank holder.

On ... at approximately 11:30 AM while doing a resident interview in ... it was observed 3 small ... tanks were observed sitting unsecured on the floor of the residents ... (Photographic evidence obtained.)

On ... at approximately 11:30 AM the Director of nursing stated they have no policy and procedure for the storage of ... She stated the ... should be in the .../holders. She stated that the residents take care of their own ... needs.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

Administrator
St [illegible] Plantation
2507 Old St. [illegible] Road
Tallahassee, FL 32301

RE: Change of Ownership and Revisit Surveys

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 28, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after [illegible] to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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