

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105494</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>600 BUSINESS PARK WAY ROYAL PALM BEACH, FL 33411</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to follow its own policy and procedure for the removal and destruction of [MEDICATION NAME]es for 1 of 3 sampled residents, Resident #3, reviewed for narcotic reconciliation. The findings included: The facility policy titled Destroying Medications contains 11 steps that describe how medications are to be destroyed. Step 7 states the following: Controlled substance patches should be removed as directed by the physician and disposed of by flushing in the presence of 2 licensed nurses. Both nurses should document the destruction of the patches when completed. Review of documentation by the EMS (ambulance services) revealed that on 09/07/20, Resident #3 was assessed and transported to an acute care facility. The EMS documentation included appears awake, alert , and in no distress 4 [MEDICATION NAME]es were found on the patient's back and shoulders . Review of the [MEDICATION NAME] Patch Destruction log for Resident #3 revealed the facility was not documenting the removal and destruction of [MEDICATION NAME]es before applying the next [MEDICATION NAME]. [MEDICATION NAME] is a very strong narcotic pain reliever administered by a [MEDICATION NAME] in time released doses. The patches are placed on the skin for 72 hours and are to be removed and replaced after 72 hours has passed (as per the prescribing information for [MEDICATION NAME] System). On 09/15/20 at 11:03 AM, an interview was conducted with the Director of Nursing (DON), as the DON was reviewing the Medication Administration Record [REDACTED]. PCC records the time of the patch removal as one minute prior to the application of the new patch. PCC does not record that the removal and replacement is witnessed by another nurse. The DON further explained that the written Narcotics Control Log is where the witness signs that the patch was removed and replaced, not when the patch being destroyed. Review of the Narcotic Control Log for Resident #3 showed two nurse signatures but there was no indication as to what the signatures represented. The only items indicated on the Narcotic Control Log were the resident's information, the medication prescribed, the date and time of the medication administration, the current narcotic count (how many doses remained), the nurse's signature to indicate who administered the medication, a column to indicate if a medication was wasted and a column for a witness to a wasted medication. On the Narcotic Control Log for Resident #3, there were no additional notes written to indicate that the [MEDICATION NAME] being destroyed was witnessed by another nurse. Further research by the DON revealed that there was supposed to be a [MEDICATION NAME] Patch Destruction Log created for Resident # 3 that would have identified when the patch was removed, replaced and who witnessed the removal and destruction of the old patch. The DON confirmed that this was not done for Resident #3, so had violated the facility's policy. The DON informed the facility's administrator at that time.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.