STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105516	A. BUILDING _____ B. WING _____	**08/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DARCY HALL OF LIFE CARE	**2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409**

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 0760 **Level of harm -** Actual harm **Residents Affected -** Few	**Ensure that residents are free from significant medication errors.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility failed to provide prescribed medication for a newly admitted resident resulting in the resident suffering a [MEDICAL CONDITION] and needing emergent hospitalization . This affected 1 of 3 sampled residents (Resident #1). The findings included: Review of the facility policy Medication Reconciliation across the Continuum of Care (Issued 06/08/20) revealed upon admission or as close to the actual time of admission as possible medication will be reconciled by a licensed nurse. Clinically significant medication issues identified will be communicated to the physician, acted upon, and documented in the medical record. On 08/05/20 at 12:10 PM during a telephone interview with the responsible party, a family member for Resident #1, stated that Resident #1 had been admitted to the facility on [DATE] after testing positive for COVID-19 at the long term care facility that she had resided in for more than [AGE] years. The responsible party stated that Resident #1 is intellectually disabled and epileptic. The responsible party stated that Resident #1 has a very specific schedule for the medications that prevent her from having [MEDICAL CONDITION] and she has not had a [MEDICAL CONDITION] in 4 years. The responsible party stated that she called the facility 20 times between Resident #1's admission on the evening on 07/24/20 and 2:00 PM on 07/25/20. On 07/25/20 at 2:00 PM the responsible party spoke with Staff C, a registered nurse. The responsible party stated that Staff C told her Resident #1 was fine and ended the call. The responsible party stated that she received a call from Staff D, a registered nurse, at 1:00 AM on 07/27/20. Staff D told the responsible party that Resident #1 was vomiting blood and was emergently transferred to the hospital. A record review on 08/04/20 revealed Resident #1 had been admitted to the facility on [DATE] at 9:40 PM. Resident #1 has [DIAGNOSES REDACTED]. Review of the record revealed no admission assessment or admission notes on 07/24/20. Resident #1's admission assessment was started on 07/25/20 at 11:32 AM. Resident #1's medications were entered electronically at 2:34 PM on 07/25/20. Review of the pharmacy delivery receipt revealed Resident #1's medications were signed for at the facility on 07/25/20 at 11:51 PM. Record review revealed Resident #1 had a physician order for [REDACTED]. The [MEDICATION NAME] was to be administered at 06:00 AM and 06:00 PM. Review of Resident #1's Medication Administration Record [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 06:00 PM. Resident #1 had a physician order for [REDACTED]. The [MEDICATION NAME] was to be administered at 09:00 AM daily. Review of Resident #1's MAR indicated [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 09:00 AM. Resident #1 had a physician order for [REDACTED]. Review of Resident #1's MAR indicated [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 09:00 AM. Resident #1 had a physician order for [REDACTED]. Review of Resident #1's MAR indicated [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 09:00 AM. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 5:00 PM. Resident #1 had a physician order for [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/25/20 at 09:00 AM. Review of Resident #1's MAR indicated [REDACTED]. Resident # 1 did not receive the [MEDICATION NAME] on 07/26/20 at 5:00 PM. During an observation and interview on 08/04/20 at 4:40 PM Staff C stated that he had received Resident #1 as an admission on 07/24/20 at approximately 9:30 PM. Staff C stated that he worked until 11:00 PM on 07/24/20 and was relieved by Staff D. Staff C stated that he returned to the facility on [DATE] at 7:00 AM and realized that Resident #1's admission assessments had not been done. Staff C stated that Resident #1's medications did not get sent to the pharmacy until approximately 2:00 PM on 07/25/20. Review of Resident #1's Medication Administration Record [REDACTED]. Staff C stated that he did not document the missed dose or notify the physician. Staff C stated the Resident #1 did not receive the [MEDICATION NAME] on 07/25/20 at 09:00 AM. Staff C stated that he did not document the missed dose or notify the physician. Review of the record revealed Staff D documented a progress note on 07/27/20 at 1:23 AM Resident #1 was transferred to the hospital after being found at 8:40 PM verbally unresponsive vomiting a moderate amount of streaked blood with episodes of tremors. MD and family notified. Resident #1 was readmitted to the facility on [DATE]. Review of Resident #1's hospital discharge listed an 08/26/20 hospital admitting [DIAGNOSES REDACTED]. Further review of Resident #1's record on 08/05/20 at 1:40 PM with the Regional Nurse Consultant and the ADON revealed Staff E, a licensed practical nurse, document on 07/26/20 at 7:04 AM that Resident #1 did not receive physician order [MEDICATION NAME] Tablet 0.5 MG Give 1 tablet by mouth every 12 hours for [MEDICAL CONDITION]. Staff E documented that Resident #1 was a new admission and her medication had not arrived from the pharmacy. The Regional Nurse Consultant and the ADON were asked to confirm the arrival time of Resident #1's medications. Resident #1's medications were signed for at the facility on 07/25/20 at 11:51 PM. The Regional Nurse Consultant stated that Staff E is from an outside agency, and the facility is responsible for their residents. The ADON stated that they have struggled with agency nurses.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE