STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106012	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Port Saint Lucie	3720 SE Jennings Rd Port Saint Lucie, FL 34952

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22517 Based on clinical and administrative record review and interview, the facility failed to ensure 1 of 3 sampled residents (Resident #1) grievance was acknowledged and an effort was made to promptly resolve the grievance. The findings included: Review of the clinical record for Resident #1 revealed the resident was admitted to the facility on [DATE] with a diagnosis which included Radiculopathy, lumbar region and she left the facility AMA (Against Medical Advice) on 10/15/24. The resident is alert and oriented in all spheres and is able to make needs known. The progress note dated 10/15/24 at 6:42 PM documented that the resident stated, I cannot be here anymore. During the administrative record review, a review of the facility's grievance log from October 2024 to December 2024, revealed no evidence of a grievance filed for Resident #1. An interview was conducted on 12/04/24 at approximately 11:25 AM with the Social Services Director (SSD). The SSD stated that she did not recall Resident #1 and acknowledged that she did not have a grievance and/or room change request for Resident #1. An interview was conducted on 12/04/24 at approximately 12:40 PM with the Licensed Practical Nurse, Staff A. The nurse confirmed that Resident #1 had expressed dissatisfaction with her roommate and the resident's constant yelling. She also recalled that the resident wanted another room. The resident would sit up at the nurse's station to get out of the room. She stated she would inform the SSD verbally or complete the form. She didn't recall what method she did or when she did it, however, she confirmed she did not see any documentation that she reported the resident's complaint. She further thought that a room change was made in reference to the roommate but didn't recall what happened with this situation. She further recalled that Resident #1 left the facility AMA.

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.

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