Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965658	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM COTTAGES OF ROCKLEDGE	3821 SUNNYSIDE COURT ROCKLEDGE, FL 32955

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments ... conducted revisit to Complaint inspection CCR#2012001723 completed on , at Palm Cottage of Rockledge Assisted Living Facility (ALF). The ALF had one deficiency that remained uncorrected at the time of the visit.	{A 000}		
{A 078}	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ... including ... Freedom from ... must be documented on an annual basis. A person with a positive ... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in	{A 078}		

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{A 078}	Continued From page 1	{A 078}		

accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
FOLLOW UP/REVISIT ON
DEFICIENCY A078 NOT CORRECTED.

Based on record review, observation and interview the facility failed to ensure staff are assigned duties consistent with level of education by allowing unlicensed staff to assist residents with medications that were ordered by the physician with parameters for 2 of 6 sampled residents (#5 & #6)..

Findings:

1. Record Review for resident #5 on
at approximately 3:00 PM revealed a Medication Observation Record (MOR) dated 2012 with an order for 20MG tablet, Take 1 tablet by mouth daily, *Hold if SBP <110 and Notify MD*. Signatures on the back of the MOR for the days of 1-31 reflects that Med

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{A 078}	Continued From page 2	{A 078}		

Techs, who are unlicensed staff, are taking the residents and signing for the decision to give the medication..

2. Record Review for resident #6 on at approximately 3:20 PM revealed a Medication Observation Record (MOR) dated 2012 with an order for 50 take one tablet by mouth twice daily, *Hold if SBP<100 and notify MD* Signatures on the back of the MOR for the days 1-30 reflect that Med Techs who are unlicensed staff are taking the residents and signing for the medication being given. Further review of the MOR revealed the Nurse's Medication Notes on the back of the MOR for resident #6 reflects that on at 9:00AM 50 MG not given, Hold The MOR was signed by Med Tech, an unlicensed staff member. On at 9:00 AM too low; medication not given. This note was signed by a Med Tech who an unlicensed staff member is making a decision. On at 9:00AM too low, Medication not given, Hold per Director of Nursing (DON). This note was signed by Med Tech an unlicensed staff member. Further review revealed a Medicating Observation Record (MOR) dated 2012 with an order for 50 MG, take one tablet twice a day,*Hold if SBP is <100, notify MD*. Signatures on the back of the MOR for the days 1-31 reflects that the signatures on the back of the MOR for Resident #6 are Med Techs, who are unlicensed staff, who are taking the and signing for the medication. The Nurse's Medication Notes on the back of the 2012 MOR reflects on 9:00AM too low, Hold per Nurse. The Nurses signature is not on the

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{A 078}	Continued From page 3	{A 078}		

MOR only the Med Tech. Documented on the back on the MOR on 9:00AM too low, hold per nurse. The Nurses signature is not on the MOR.

During an interview with the Director of Nursing on at approximately 5:30 PM stated that Med Techs, who are unlicensed staff, continue to assist in self-administration of medication with parameters. The facility has hired nurses who work the 7-3 and 3-11 Shifts; however they do not pass medications. The Med Techs continue to take the and make the decision to give or hold the medication. The med tech will call the nurse and the nurse will tell them whether to hold the medication or not. The nurse does not take the nor assist with the self-administration of medication nor sign the MOR. She did not understand that only licensed staff can assist with the self-administration of medication with parameters.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965658	A. Building B. Wing	12/3/2012

Name of Facility	Street Address, City, State, Zip Code
PALM COTTAGES OF ROCKLEDGE	3821 SUNNYSIDE COURT ROCKLEDGE, FL 32955

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (p. 1fix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0008** Reg. # **58A-5.0181(2) FAC** LSC	Correction Completed	ID Prefix **A0010** Reg. # **58A-5.0181(4) FAC** LSC	Correction Completed	ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC	Correction Completed	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed
ID Prefix **A0077** Reg. # **58A-5.019(1) FAC** LSC	Correction Completed	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed	ID Prefix **AZ803** Reg. # **408.804, F.S.** LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	**Reviewed By** Lorraine for NLC	**Date:** 12/10/12	**Signature of Surveyor:**		**Date:**
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Palm Cottages Of Rockledge
3821 Sunnyside Court
Rockledge, FL 32955

Dear Administrator: RE: Revisit to CCR#2012001723

This letter reports the findings of a revisit survey conducted on _ _ _ _ _ _ _ 3, 2012by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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