STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	06/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palm Cottages Of Rockledge	3821 Sunnyside Court Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
A complaint inspection CCR#2013005878 was conducted on .

Deficiencies were found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to contact the residents health care provider in a timely manner for 1 of 8 residents (#1)sampled residents. Staff member on duty on the 11-7 shift lied to the supervisor at 5:30 AM by neglecting to tell her that he did witness the resident face down on the floor at 1AM and 3AM.

Findings:

Interview on . at 9:30 PM with 3-11 shift Supervisor revealed she was aware of the incident that took place on . related to resident #1. The supervisor was asked what is the procedure to report an incident. She replied that the staff is to call the supervisor on duty if they are concerned about a resident or find that someone has .

Interview on . at 10:10 M with Administrator who stated that Staff Member on Duty . for 11-7 shift reported to the supervisor on duty at 5:30AM that he found resident #1 sitting on the side of her bed with . to her face. The supervisor called the residents son who stated he would come to the facility and take the resident to the Emergency . evaluation if needed. The resident ' s son did not arrive and at noon the Supervisor on duty determined that resident #1 appeared . and sent her 911 to the Emergency .

Resident Record Review conducted on . at 1:30AM for resident #1, revealed a Facility Health Assessment Form (1823) dated . with a diagnosis of . DM2 and . failure. The physician indicated that the resident needs can be met in an assisted living facility. That she requires assistance with self- administration of medication. Supervision with ambulation, dressing, self-care . and toileting was needed. Assistance was needed with bathing, dressing and transferring. The resident was Independent with eating.

Further review of record for resident #1 revealed Palm Cottages of Rockledge Incident Report dated . at 5:30AM signed by the supervisor on duty. The report stated the resident was found sitting on the side of bed while doing rounds at 5:00AM. Discoloration was observed over the right eye, . above and below left eye, . on palms of hands, elbows and knees. The resident had no complaint of pain. The resident could not say what happened. Staff Member on duty 11-7 AM stated that at 1AM and 3AM rounds she was sleeping in bed.

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Interview with Rockledge Police Officer who stated that at first the Staff Member on duty 11-7 shift told him the resident was sleeping at 1AM and 3AM. However after the second interview on 4 ,2013 the staff member changed his story and stated that the during at 1AM the resident was found face down on the floor next to her on her hands and knees with one shoe on and one shoe off. He didn ' t think anything of it as she has before and he assisted her back to bed. During the 3AM he found her in the prone position on the floor between her bed and the Once again he assisted her back to bed. When he turned the light on at 5AM and saw her emerging injuries he got scared, even though he had nothing to do with her actual That is why he lied. Police investigation closed on , based on investigation closed as unfounded for Elderly to Resident #1 ruled as accidental

at 3:00PM Exit Interview with Administrator and Director of Resident Care. Administrator stated that when Rockledge Detective informed him that the staff member had lied and he was terminated. The administrator stated further there was no reason for him to lie. We encourage the staff to communicate with us. The resident ' s were not his fault and he should have called the supervisor on duty or at the very least told the supervisor at 5:30 AM when he realized she was hurt. Staff did call her son at 5:30 AM and he instructed the staff that he would take her to the ER. Resident#1's son takes her to all her physician appointments. Resident #1 was observed closely and 911 was called 7 hours later when she was observed to be and more than usual.

Class II

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to submit an Adverse Incident report for an event that was reported to law enforcement for investigation for 1 of 8 residents reviewed.

Findings:

Interview conducted on at 10:10 PM with Administrator who stated he was aware of the incident on The police and API came in to the facility two days later. He did not call them. He was still investigating the case regarding Resident #1 needing medical attention due to a

Interview conducted on with Administrator who stated he did not file an Adverse Incident report due to the fact that he did not call the police. He was under the impression that an Adverse Incident report had to be completed if he called the police. The Police Department did conduct an investigation the resulted in the termination of the staff person on duty at the time of the incident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

Re: CCR #2013005878

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 **2013,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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