STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	07/24/2013

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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
unannounced complaint inspection CCR #2013004731 was conducted.

The facility had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review, and interview the facility failed to ensure that all staff was assigned duties consistent with his/her level of education, training, preparation and experience and allowed unlicensed staff to provide nursing services (warm compresses) to 1 of 15 sampled residents (#4)

Findings:

Review of the facility's posted license revealed a Standard Assisted Living License that expired on

Resident record review for resident #4 on at approximately 1:30 PM revealed a healthcare provider's order dated Start warm compresses 4 times daily to right eye x 1 week, to right eye 3 times daily x 7 days pack as directed, 500 mg 3 x daily x 7 days Gentiva HH to provide nursing care for The order indicated "noted and the initial of a facility LPN

Resident #4 a health assessment dated indicated diagnoses of OA multiple joints, gait disturbance, compression Assistance was needed with ambulation. status was indicated as Ambulation-using walker; bathing needs assistance with shaving, washing back, needs food cut up, wears diapers, needed reminders. Continued review revealed the Medication Observation Record (MOR) indicated the warm compresses were to be done at 8 AM, 12 PM, 4 PM and 8 PM and contained staff initials each time from 12/1 at 8 AM to 12/6 at 8 PM. There was no documentation the resident was able and capable to do the eye washes himself. The facility notes indicated the resident was agitated; wanted to go home and wanted his wife called.

The DON stated at approximately 4:30 PM that maybe the resident did the washes himself and the staff assisted. After looking at the MOR the mediation QA stated the initials were those of caregivers.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	07/24/2013
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)		

Z827-Unlicensed Activity 408.812, FS
Based on observation, record review and interview, the facility failed to ensure that they obtained a Limited Nursing Services license before performing the service for 1 of 15 sampled residents (#4).

Findings:

Review of the facility's posted license revealed a Standard Assisted Living License that expired on .

Resident record review for resident #4 on . at approximately 1:30 PM revealed a healthcare provider's order dated . sStart warm compresses 4 times daily to right eye x 1 week, . to right eye 3 times daily x 7 days . pack as directed, . 500 mg 3 x daily x 7 days Gentiva HH to provide nursing care for . The order indicated "noted . and the initial of a facility LPN

Resident # 4 a health assessment dated . indicated diagnoses of , OA multiple joints, gait disturbance, , compression . Assistance was needed with ambulation. status was indicated as . Ambulation-uses walker; bathing needs assistance with shaving, washing back, needs food cut up, wears diapers, needed reminders. Continued review revealed the Medication Observation Record (MOR) indicated the warm compresses were to be done at 8 AM, 12 PM, 4 PM and 8 PM and contained staff initials each time from 12/1 at 8 AM to 12/6 at 8 PM. There was no documentation the resident was able and capable to do the eye washes himself. The facility notes indicated the resident was agitated, wanted to go home, and wanted his wife called.

The DON stated at approximately 4:30 PM that maybe the resident did the washes himself and the staff assisted. After looking at the MOR the mediation QA stated the initials were those of caregivers.

Unclassified

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 #2013004731

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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