

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965658	(X3) DATE SURVEY COMPLETED 07/14/2014
NAME OF PROVIDER OR SUPPLIER Palm Cottages Of Rockledge	STREET ADDRESS, CITY, STATE, ZIP CODE 3821 Sunnyside Court Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
 St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
 St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
 St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint investigation ccr#2014003307 was conducted in conjunction with a biennial survey on Palm Cottages Assisted Living Facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58a-5.0182(6) FAC; 429.28 FS
 Based on observation, record review and interview the facility did not ensure the use of physical was only with the consent of the resident or the resident's representative for 2 of 18 sampled residents (#1 and #4) and a physician's order for the use of the rails for 1 of 18 sampled residents (#1).

Findings:

1. Tour of the facility on at approximately 10:15 AM revealed residents #1 had half side rails on her bed.

Record review for resident #1 revealed an 1823 dated that indicated a diagnosis of frontal-parietal The resident was independent with eating and transferring, needed supervision with eating and assistance with bathing, dressing, and toileting. The resident was on hospice and unable to raise and lower the side rails due to her processes.

Record review revealed there was no consent from the resident or the resident's representative for the use of the rails.

In an interview with the administrator on at 2:30 PM who stated the consent for the

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use of the rails was not completed.

2. Observation of Resident #4 on at approximately 10:30 AM revealed she was in bed. Further observations revealed that there were full bed rails attached to the bed. An interview with the resident was attempted and due to her she could not communicate. Record review for resident #4 revealed that she was on hospice and there was an order for the full bed rails that was dated Further record review revealed there was no consent form for the Full bed Rails signed by resident #4's representative.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on personnel record review and interview the facility failed to ensure that 3 of 5 sampled staff (C, D and E) received the required in- service training within 30 days of hire.

Findings:

Personnel record review revealed the following:

- Staff C revealed who hired in and the following training was not received within 30 days ADL and Resident needs and behavior 3 hours was required and only 2 hours were received.
- Staff D was hired in and the following training was not received within 30 days of hire:
 - ADL and Resident needs and behavior 3 hours was required and only 2 hours were received
 - training was provided, there was no evidence that a training that covered Recognizing and reporting resident neglect, and
- Staff E was hired in and the following training was not received within 30 days of hire:
 - A 3 hour training that covered ADL's and Resident needs and behavior
 - training was provided, there was no evidence that a training that covered Recognizing and reporting resident neglect, and

During an interview with the Assistant Human Resource staff on at approximately 4 PM, she stated that staff did not receive the training within 30 days of hire as required.

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Class III

0082-Training - 58A-5.0191(3) FAC

Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (D) had obtained the one-time education course on _____ and _____ within 30 days of employment.

Findings:

Personnel record review for staff D was hired on _____ revealed there was no documentation to confirm that he had obtained the one-time education course on _____ and _____ including the topics prescribed in the Section 381.0035.

During an interview with the Assistant Human Resource staff on _____ at approximately 4 PM, she stated the she did not have the training as required.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and personnel record review Staff F who was responsible for the facility's food service and the day-to-day supervision of food service staff failed to have evidence that she had completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

Findings:

During an interview with the administrator on _____ at approximately 12 PM, he stated Staff F was responsible for the facility's food service.

Personnel record review for staff F revealed there was no documentation to confirm that she had obtained a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

During an interview with staff F on _____ at 2 PM, she stated she would check with the Dietician that provided her training to see if she had the documentation of her yearly training. The evidence to confirm that staff F had obtained the required training was not provided.

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0086-Training - ADRD 58A-5.0191(9) FAC

Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with _____ and related _____ (ADRD), failed to ensure that 2 of 4 sampled staff (D & E) who provided direct care to persons with _____ and Related _____ (ADRD) obtained 4 hours of initial training within 3 months of employment and the additional 4 hours of training, entitled " _____ and Related _____ Level II Training, " within 9 months of employment that was provided by an approved ADRD Trainer and 1 of 4 sampled staff (B) did not obtain 4 hours of continuing education annually.

Findings:

Personnel record review for staff B, staff D and staff E revealed the following:

1. Staff B hired _____ had no documentation to confirmed that she had received the 4 hours of continuing education annually.
2. Staff D hired _____ had a training an _____ training certificate for Level 1 and Level II that was dated _____ that did not included the hours nor did it contain whether or not the person that provided the training was an approved _____ Trainer through the Department of Elder Affairs.
3. Staff E Hired _____ had no documentation to confirm that she had received the initial ADRD training.

During an interview with the Assistant Human Resource staff on _____ at approximately 4 PM, she stated she was not aware that the staff did not have the required training, she was not sure if the trainer for the ADRD was an approved Trainer.

During a telephone interview conducted on _____ at approximately 2 PM with a representative from the agency that provided staff D her training, she stated the courses that her agency provided to the facility were not approved by the Department of Elder Affairs.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure a personnel record of 1 of 6 sampled staff (A) contained references and did not provide a Job Description for 1 of 6 sampled staff (E).

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Findings:

1. Personnel record review for staff A (the administrator) revealed he was hired on Further review revealed there was an application and there was a space for him to list his references. Staff A noted on his application "references available upon request". There was no documentation found in his record to confirm that he had provided references to the facility.
2. Personnel record review for staff E hired on revealed that there was no documentation to confirm that she was provided a job description and the facility was licensed for more than 17 residents.

During an interview with the Assistant Human Resource staff on at approximately 2:30 PM, she confirmed there were no references listed and stated staff A was hired through a staffing agency and would check to see if the agency had references. She also stated she would have to provide the job description to staff E

Class

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC Based on record review and interview the facility failed to submit an adverse incident report based on an incident where police and adult protective services investigated a complaint of alleged for 1 of 18 residents reviewed #2.

Findings:

Review of facility incident report log on at 1:00 PM revealed an incident report dated alleging of resident #2. The police and adult protective services investigated the allegation. The facility did not submit an adverse incident report to the agency.

Interview conducted on at 3:00 PM with the administrator at 3:00 PM who stated the incident occurred prior to his working at the facility. He was not aware there had been a police investigation.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: CCR #2014003307

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 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 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

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