STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	07/14/2014
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
0000-Initial Comments
The biennial re-licensure survey was conducted in conjunction with a complaint investigation CCR#2014003307 on . Palm Cottages Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to obtain an Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice enrollment) and every 3 years after the initial assessment for 2 of 6 sampled residents (#1 and #4) and did not ensure the coordination of care between the ALF and the licensed hospice, including developing and implementing an individual Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 2 of 6 Sampled residents (#4 and #1)

Findings:

Record review for resident #4 revealed a AHCA form 1823 that was dated , further record review revealed that the resident was admitted into hospice on and there was no updated AHCA form 1823 available for review as require once admitted to hospice. During an Interview with the House Manager on at approximately 3 PM, she stated she was not aware that the forms had to be updated. Further record review revealed that there was no hospice interdisciplinary care plan was available that was coordinated between the facility and hospice which specified the services being provided by hospice and the facility.

2. 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.

Record review revealed on the resident was admitted to Hospice.

There was no documentation to review to indicate the facility had a new 1823 completed when the resident had a change in condition.

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In an interview with the with Quality Assurance (QA) supervisor at approximately 4 PM who stated she was unable to locate the 1823 that was completed when the resident was admitted to Hospice.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

During the medications pass on [redacted] at approximately 10:10 AM, staff G was observed placing a pill in a small white cup that was on top of the medication cart. During an interview with Staff G she stated she was going to be giving resident# 13 her medication. Further observations revealed that staff G had already initialed the Medication Observation Record (MOR) prior to giving resident #13 her medication. Staff G was observed taking the small white cup and placing it on the table in front of resident #13. Resident #13 had to ask staff G what medication was given to her.

Staff G did not follow the appropriate procedure at all times and did not take medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container and close the container and return the medication container to proper storage.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 2 of 5 staff (B and C) had an annual statement from their health care provider documenting freedom from [redacted]

Findings:

1. Personnel record review for staff B revealed that her Annual [redacted] test was dated [redacted] and was conducted by a Licensed Practical Nurse (LPN).

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2. Personnel record review for Staff C revealed that her annual test was dated and was conducted by a LPN. Further record review for the staff revealed that there was no documentation to confirm they had a test that was conducted by the required Health Care Provider (Physician or physician's assistant licensed under Chapter 458 or 459, F.S or advanced registered nurse practitioner licensed under Chapter 464, F.S.).

During an interview with the Assistant Human Resource staff on at approximately 4 PM she stated she was not aware that the LPN could not complete the statement.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to obtain weights semi-annually for 1 of 6 sampled residents (#4) who required assistance with Activities of Daily Living.

Findings:

During an interview with the staff on at approximately 10:30 AM revealed resident #4 was on hospice and was total care with her activities of daily living. Resident #4 was observed in lying in her bed at the time. She was unable to communicate due to her

Record review for resident #4 revealed that she was admitted into hospice on Further record review revealed that the only weight available for revealed was documented on The staff documented on the weight sheet that the resident was unable to stand.

During an interview with the House Manger on at approximately 2:30 PM, she stated weights were not taken for resident #4, because she was bed bound and unable to stand. She further stated the resident was given a 45 day notice.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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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