

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966386	(X3) DATE SURVEY COMPLETED 09/18/2014
NAME OF PROVIDER OR SUPPLIER Tradition Of The Palm Beaches	STREET ADDRESS, CITY, STATE, ZIP CODE 4880 Loring Drive West Palm Beach, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Tradition of the Palm Beaches. The facility had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to ensure centrally stored medications are kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times for all residents receiving assistance with self-administered medications.

The findings include:

On beginning at 9:23 AM, during observation of Employee B assisting residents with self-administration of medications the following was noted. Employee B is observed with a zippered, fabric notebook containing the Medication Observation Record (MOR) for each resident who receives medication assistance (on the third floor) and various medications. In this same notebook, next to the resident's MOR, is a plastic envelope which contains the resident's unit dose packaging for that morning's medications. This notebook also contains for those residents who were to receive that morning, and nighttime medication cards for 5 residents who received nighttime medications the previous evening. This notebook is lying on top of an open, wheeled cart which is taken into the resident's It is also noted this zippered fabric notebook has no means (methods) to secure the information and medications located within the notebook. During further interview with Employee B, this was also confirmed.

While in possession of the medication notebook lying on the open cart, Employee B is observed entering Resident #6's provide assistance with shower and dressing prior to providing assistance with medications. The medication notebook was noted to be accessible to this resident and not secured by the staff.

During interview conducted with Employee B on at 10:00 AM, she stated, "The 11 PM - 7 AM

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shift prepares the medications for the morning shift by putting the morning medications for the residents in the notebook for each floor. The 7-3 staff comes in and pulls the _____ along with the _____ sheet, and place them in the notebook for each floor. The notebook is carried around from _____. We always have the notebook with us. I started at 7:15 AM and finished with medications at 10 AM. I assist [approx. 10 residents] with various levels of ADL care, in addition to providing their medications."

During observation of Employee H assisting with self-administered medications on _____ at 12:18 PM, Employee H was observed carrying notebook containing MORs and medications for Resident #10 and Resident #11. Employee H entered into Resident #10's apartment and placed notebook on dining table while washing her hands at the kitchen sink. Employee H provided the resident with the medication needed. Employee H then went into Resident #11's apartment and placed the notebook on the coffee table in the living _____. Resident #11 was lying in bed in her _____ so Employee H walked into the _____ speak with the resident, leaving the medication notebook unattended in the living _____ unsecured. After several minutes, the resident accompanied Employee H into the living _____ receive her medication.

On _____ at 10:39 AM, Health Care Coordinator stated, "Medications are stored on each floor in locked cabinets in the country kitchen. Each resident has their own bin. Each med comes in unit dose packaging. If it comes in a Bingo card, they are rubber banded together and kept in the cabinet. The night shift staff member will pull meds for the morning shift. Morning shift has the responsibility to double-check meds and pull Bingo Cards. It is a safety net so we have two people looking at the meds. The notebook is kept in the locked cabinet until morning shift comes on (filled with the meds). The CNA [Med Tech] has a notebook with MORs and an envelope for each resident to store the medications (all stored in the notebook). The Medications are placed in the envelope. The CNA [Med Tech] takes the notebook into each _____. If the CNA has to provide ADL [Activities for Daily Living] care, the CNA is to stop ADL care and bring the notebook back and lock it in the cabinet. The night meds should not be left in the notebook. The _____ are locked in a separate box inside the locked cabinet with the _____ book. Med Techs take medication and _____ sheet out of cabinet in the morning when dispensing the _____. We didn't want a medication cart because we wanted to keep the atmosphere

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/03/2014
FORM APPROVED

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more homelike."

During this interview, the Health Care Coordinator, she acknowledged the residents' centrally stored medication are not kept secured in a locked storage receptacle/area at all times. The Administrator acknowledged on at 1:30 PM, the residents' centrally stored medications are not secured in a locked storage receptacle/area at all times.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Tradition Of The Palm Beaches
4880 Loring Drive
West Palm Beach, FL 33417

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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