STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	10/02/2014
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
St - A - E201 - 58a-5.030(2) Fac - Ecc - Policies S-S= D

Specific Tag Findings:
0000-Initial Comments
Initial Extended Congregate Care initial survey was conducted on [redacted]. Palm Cottages of Rockledge had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure a [redacted] examination was conducted on a yearly basis for 1 of 4 sampled staff (A).

Findings:

Review of personnel files for Staff A revealed a negative [redacted] test was conducted on [redacted]. There was no documentation that indicated the staff had an annual [redacted] exam.

In an interview with the administrator on [redacted] at approximately 12:30 PM who stated the staff did not have the annual [redacted] examination. He was not aware the [redacted] exam was required yearly.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (C) had the training requirements of Rule 58A-5.0191, F.A.C.

Findings:

Review of personnel files revealed:

Staff C, date of hire [redacted] was an unlicensed direct care staff, who did not have documentation of 3 hours of training, within 30 days of employment in Activities of Daily Living. Review the staff's personnel file revealed she had 1 hour of ADL training on [redacted].

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In an interview with the administrator on at approximately 12:50 PM who stated the did not have documentation of the required hours for the training.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure training certificates included the number of hours of the training, the trainers name, signature and credentials for 1 of 4 sampled staff (A).

Findings:

Review of personnel file for Staff A date of hire revealed there was no training certificates for Resident Rights or Food Safety. Staff A had documentation of the Resident Rights training and Food Safety on There was no trainer's name, credentials or number of hours for the training available for review.

In an interview with the administrator at approximately 12:45 PM on who stated the staff did not have a certificate for the training.

Class

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to ensure they included the Extended Congregate Care (ECC) services and their costs in the contract.

Findings:

There was no documentation to review that indicated the facility had included the ECC services and their costs in the contracts.

In an interview with the administrator on at approximately 12 PM who stated the ECC services and their costs were not included in the contracts.

Class

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E201-ECC - Policies 58A-5.030(2) FAC
Based on record review and interview the facility failed to ensure they developed Extended Congregate Care (ECC) Policies and Procedures.

Findings:

There was no documentation to review that indicated the facility had developed ECC policies and procedures.

Interview with the administrator on [redacted] at approximately 11:30 AM who stated the facility did not develop ECC policies and procedures as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Initial ECC

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com