STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	**06/17/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Extended Congregate Care monitoring visit was conducted on . . . . . Palm Cottages of Rockledge 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 and interview, the facility failed to treat residents with consideration and respect, and with due recognition of personal dignity, individuality, and the need for privacy.

Findings:

Tour of the facility on . . . . . at approximately 10:30 AM revealed the podiatrist providing care to a resident in the common living area in building 3816 with other residents in the area. The facility did not provide privacy for resident care.

On . . . . . at approximately 11 AM, the director of resident care stated she was not aware the podiatrist was providing care in the common area.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to ensure direct staff completed a 2 hour in-service training in Extended Congregate Care for 1 of 4 sampled staff (C).

Findings:

Review of personnel files revealed staff C provided direct care but did not have 2 hours of ECC training. Staff C did not have 2 hours of in-service training in ECC within 6 months of hire, due . . . . . .

On . . . . . at approximately 1:30 PM, the administrator stated the facility did not have residents on ECC and he was not aware the staff were required to have the training if there were no residents receiving the service.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

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

RE: ECC monitoring

Dear Administrator:

This letter reports the findings of a state licensure ECC monitoring survey that was conducted on , 2015 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. **Please forward documentation of correction to the Field Office.** 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
XG90

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