STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	06/01/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On / a complaint investigation #2016002835 in conjunction with the Biennial Re-licensure Survey was conducted at Palm Cottages of Rockledge Assisted Living Facility License #9987. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospital admission) for 1 of 3 sampled residents (#3).

Findings:

Record review for Resident #3 revealed a hospital Admission record that was dated / and noted the resident was admitted with and was discharged on /. Another hospital admission records noted she was admitted into the Hospital on / and discharged on . Further record review revealed there was no AHCA form 1823 found in the record after each of the hospital admissions.

On / at 4:30 PM, the Resident Care Director said she could not locate an AHCA form 1823 for the two hospital admissions.

Class

0025 Resident Care - Supervision

Based on record review, Medication Observation Record (MOR) and interview, the facility failed to maintain a written record of a significant changes and that the family and health care providers were contacted for an illness which resulted in a hospital admissions and held a medication without contacting the physician for 1 of 3 sampled residents (#3).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	06/01/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:

Record review for resident #3 revealed an order that noted mg take ½ tablet daily (a medication). The MOR for and noted on , and the medication was held because the Resident's was low. Further record review revealed there was no order to hold the medication. There was no documentation to confirm the health care provider was made aware of the Residents low in order to determine whether or not to hold the medication. Further record review revealed a hospital Admission record that was dated and noted the resident was admitted for and was discharged on . Another hospital admission record noted she was admitted into Hospital on and discharged on . There was no documentation found in the record that noted what had transpired causing both hospital admissions and that the family and health care provider was contacted.

On at 4:30 PM, the Resident Care Director said she had searched for documentation for the hospital admissions for Resident #3 and could not locate them. She said the family and health care provider were contacted for each admission. She further stated there was no order to hold the and there was no documentation that the health care provider was contacted regarding the resident's low results.

Class III

0093 Food Service - Dietary Standards

Based on observations and interview, the facility did not note a substitution before or when the meal was served and did not store at all times a supply of water sufficient for drinking to be used in the event of an emergency for the 102 residents of the facility.

Findings:

Observations On at 12:15 during lunch revealed the menu noted sour cream pound cake was to be served. Observation of the meal revealed that there was no sour cream pound cake served. Fresh fruit was served and was not on the menu. Review of the Substitution log revealed the fresh fruit was not noted. On at 12:30 PM the cook said the residents were to receive Fresh fruit for dinner and it was instead served for lunch, it was nutritionally better for the residents. He said he did not write the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	06/01/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

substitution before the meal was served.

Observation of 3-day emergency food supply was conducted on / / . It revealed the facility did not have emergency water supply. Based on the census of 102 residents, the facility would need to have 306 gallons at all time (1 gallon/person x 3 days).

At 2:00 p.m. the assistant dietary manager stated that the facility had a contract to have water delivered during an emergency. The contract read delivery of our products would depend on road conditions and availability of our vehicles. The assistant dietary manager also stated that the facility did not have collapsible bags that could be used to fill with water.

At 4:45 p.m. the executive director confirmed that the facility did not have emergency water supply on hands.

Class III

E208 ECC - Records

Based on observations, record reviews and interviews the facility did not make sure that an ECC service plan, nursing assessment and nursing progress notes were maintained for 1 resident (1) in a sample of 3, who received Extended Congregate Care Services (ECC).

Findings:

During an interview at 10 AM on / the administrator said the facility had no residents on ECC.

During an interview on at 2:30 PM on / resident #1 said that the nurses helped with her ; they turn it on and put it on her.

During an interview on at 3:45 PM on / the Registered Nurse who said there were no residents on ECC at the time.

Resident record review for resident #1 revealed a health assessment 1823 dated / that listed diagnoses of , , , Chronic Kidney and . The assessment indicated at 3 litters a minute as needed for .
Continued review revealed no evidence to confirm that an ECC service plan was developed, that nurses' progress notes were maintained each time the ECC service was provided and that nurse's assessments were conducted at least monthly.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	**06/01/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

During an interview at 3:30 PM on / the administrator said, that after looking over the resident record, that he was unable to locate any of the required ECC paperwork, as he thought there were no residents on C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016002835

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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