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 Biennial Re-licensure Survey with Extended Congregate Care was conducted in conjunction with complaint investigation #2016002835 at Palm Cottages of Rockledge Assisted Living Facility (License #9987). Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to ensure the use of physical was limited to half bed rail for 1 out of 9 sampled residents (Resident #2); and failed to honor Resident#10's food preferences.

Findings:

1. On / at 10:50 AM Resident#2's bed was observed to have a full bed rail attached to the outer of the bed. The resident's bed was placed against a wall. The bed rail was not in the up position. At 10:50 AM, the resident stated that she never used the rail because she could not pull/push it.

A record review for Resident#2 revealed a physician order dated / to continue with full bedrails for turning and repositioning. The resident's son signed a consent for the use of half/full rail on / .

On / at 4:30 p.m. the executive director confirmed that the full bedrails should not be used.

2. On / at 12:30 PM a dietary observation was conducted at Sylvester Cottage. It revealed a dietary roster posted in the kitchen cabinet. The roster listed resident names with food preference and diet orders. The meal served was ham with pineapple, grilled summer squash, sweet potatoes, and roll.

A review of the dietary roster revealed Resident#10's diet order was regular. His food preference was he did not like squash and was to all shellfish. Resident #10 had squash on his plate.

At 12:30 PM the cook was asked to explain the food preferences of Resident#10. He stated that the resident was to all shellfish. He could not explain why"squash"was listed under the resident's name. The assistant dietary manager who was also present at the time stated that she did not see 'squash' listed on the roster. The surveyor pointed to the word on the roster. The cook then removed the plate from the resident and prepared a new plate for the resident. He replaced squash with beans.

At 1:00 PM the resident care director provided the Resident#10's preferences and interests list for review. It showed the resident was to shellfish and disliked squash.

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Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (E) provided a healthcare provider statement that indicated freedom from communicable including ( ), within 30 days of hire.

Findings:

Personnel record review for staff #E revealed she was hired on / and was a Registered Nurse. Continued review revealed no evidence to confirm she provided the facility a healthcare provider statement that indicated freedom from communicable including

During an interview at 3:30 PM on / with the administrator, who stated after looking over the personnel record, that he was unable to locate the healthcare provider statement.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled staff (E) to attend an in-service training regarding the facility's elopement response policies and procedures.

Findings:

Personnel record review for staff #E revealed she was hired on / and was a Registered Nurse. Continued review revealed no evidence to confirm she attended in-service training regarding the facility's resident elopement response policies and procedures.

During an interview at 3:30 PM on / with the administrator, who stated after looking over the personnel record, that he was unable to locate evidence of training.

Class III

0090 Training -

Based on personnel record review and interview the facility did not provide or arrange for 1 of 5 sampled staff (E) to attend an in-service training regarding the facility's policy and procedures regarding ( ) training.

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Findings:

Personnel record review for staff #E revealed she was hired on / and was a Registered Nurse. Continued review revealed no evidence to confirm she attended in-service training regarding the facility's policy and procedures regarding .

During an interview at 3:30 PM on / with the administrator, who stated after looking over the personnel record, that he was unable to locate evidence of training.

Class III

E210 ECC - Training

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (C) had completed at least 2 hours of Extended Congregate Care (ECC) training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility.

Findings:

Personnel record review for Staff C did not contain a certificate for 2 hours of ECC training. He has been employed in this position for over 6 months. In an interview with the administrator on / at 4:00 PM, who stated the next ECC training was scheduled soon.

On / at 4:30pm, the Human Resources supervisor agreed that Staff C was scheduled to do this training later in 2016.

Class III

Z813 Results of Screening & Notification in File

Based on personnel record review and interview the facility failed to ensure 1 of 5 staff (#E), whom was in a role that required a background screening, did not have any disqualifying offenses and was allowed work without a background screening.
Findings:

Personnel record review for staff #E, revealed she was hired on / as the facility's Registered Nurse. Continued review revealed no evidence of a Level 2 background screening results.

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On I/ at 3 PM the Agency's background screening website indicated staff E was eligible to work at an AHCA licensed facility as of I/ .

During an interview at 3:30 PM on I/ , the administrator said , that after looking over the personnel record, that he did not look at he Agency's background screening website to check if staff E was eligible to work.

Class III

Z814 Backaround Screenina Clearinahouse

Based on observation, Agency Background Screening Roster review and interview, the facility failed to register and maintain the employment status of all employees within the Agency's Background Screening Clearinghouse and report any changes in status within 10 business days for 10 of 12 employees.

Findings:

A review of employee roster revealed 84 employees currently working at the facility. On I/ at 9:30 AM, revealed the Agency's Background Screening Clearinghouse website did not contain the names of 10 of the sampled 12 current staff (Staff A, B, D, E, G, H, I, J, K L).

On I/ at 4:25 PM, the facility administrator agreed that the Agency Clearinghouse Roster did not contain the names of all employees who were currently working at the facility.

On I/ at 4:30 PM, the Human Resource supervisor also agreed the Roster had not been kept up to date.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Re-licensure with ECC

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

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