STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965856	07/29/2016
NAME OF PROVIDER OR SUPPLIER **PALM MANOR ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 SW 20TH STREET** **MIRAMAR, FL 33023**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced relicensure survey was conducted on- 7/29/2016 and 8/11/2016 at Palm Manor ALF. (License # 10177). The facility had deficiency identified at the time of the visit.

0054 Medication - Records

Based on record review and interview, the facility failed to ensure the accuracy of the Medication Observation Records (MORs), for 1 out of 5 sampled residents (Resident #5).

The findings include:
During medication pass (Med Pass) observation on at 1:00 PM, it was noted that Resident #5 was away from the facility. Review of Resident #5's MORs for 2016 revealed medications scheduled for her to take at 1:00 PM. Upon interviewing Employee (B), who completed the med pass task on at about 1:20 PM, it was revealed Resident #5 had not received the 1 PM prescribed medications. Further review of Resident #5's MORs revealed Employee B had signed Resident #5's MORs for (1 PM medications) reflecting that the medications had been given as scheduled.

Review of the MOR revealed that Resident #5 had 9 medications scheduled daily; but, only one is scheduled for 1:00 PM (400 mg to be taken at 9:00 AM, 1:00 PM, 5 PM and 9 PM). Furthermore, Employee B reported that Resident #5 attends a daycare program every day and returns to the facility at around 4:00 PM. She said that once the resident returns to the facility, she then assists her in taking her medication.

During an interview with the Administrator on at around 3:00 PM, she agreed with the findings and provided no further information.

Class III.

0056 Medication - Labeling and Orders

Based on record review and interviews, it was determined the facility failed to follow a physicians orders as prescribed, for 1 out of 5 residents (Resident #5).

The findings include:

During medication pass observation on at 1:02 PM, it was noted that one resident (Resident #5) had a medication scheduled for her to take at 1:00 PM. However, the medication was not observed

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given this medication during the medication pass on this day, since she was not in the facility.

An interview conducted at 1:12 PM following the observation with Employee (B) revealed that Resident #5 attends a daycare center during the day. Employee (B) also reported that the resident takes her own medications when she returns to the facility, but she assists her. Additionally, Employee (B) stated that the resident returns to the facility at about 4 PM. Review of the Medication Observation Records (MORs) revealed that Employee (B) signed daily, at the indicated time 1:00 PM, that the medication is given although the aide confirmed that Resident #5 takes her medication whenever she returns to the facility. Furthermore, there was no indication or annotation reflecting that the medication is given at a later time.

Review of the MOR revealed that Resident #5 had 9 medications scheduled daily; but, only one is scheduled for 1:00 PM (400 mg to be taken at 9:00 AM, 1:00 PM, 5 PM and 9 PM).

During an interview with the Administrator on at 3:06 PM, she agreed with the findings and indicated that she will address that issue.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interviews, the facility failed to maintain an updated employee roster, in the Clearing House for 3 out 3 active employees (Employee A, B, C).

The findings include:
Record review conducted on revealed that the Administrator (Employee A) and two other employees (A & B) had completed their background screenings and that two of them were current. Employee (A) ' s background had an eligibility date of , Employee (B) a date of / and Employee (C) a date of .

However, during an interview with the Administrator on at 3:00 PM, she said that she did not know that she was supposed to register all employees into the clearing house. Consequently, she did not have any employees registered in the Clearing House.

Review of the Background Screening website to verify the Facility's employee Roster on revealed that none of the employees were added in the Roster.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Palm Manor Alf (The)
6609 Sw 20th Street
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 by a representative from 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 representative. Should you have any questions please call this office at)561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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