STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	12/28/2016
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 , 2016 an Extended Congregate Care (ECC) monitoring visit was conducted. Palm Cottages of Rockledge, license #9987, had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure that 1 of 4 staff (D) submitted a healthcare provider statement that indicated freedom from communicable including within 30 days of hire.

Findings:

Personnel record review for staff D, a registered nurse, revealed no hire date and no evidence of a healthcare provider statement that indicated she was free from communicable .

During an interview with the business office assistant on at 1:00 PM, she said staff D was hired on / . She confirmed staff D did not submit a healthcare provider statement within 30 days of hire and said "we haven't gotten all that from her yet."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (D) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff D, a registered nurse, revealed no hire date and no evidence she received the required in-service regarding the facility's resident elopement response policies and procedures.

During an interview with the business office assistant on at 1:00 PM, she said staff D was hired on / / . She confirmed staff D did not receive the required training within 30 days of hire and said "we haven't gotten all that from her yet."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	**12/28/2016**
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)

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to ensure the personnel record for 1 of 4 staff (D) contained all the required documents.

Findings:

Personnel record review for staff D, a registered nurse, revealed no evidence of an employment application, with references, and no evidence of a job description, as required.

During an interview with the business office assistant on at 1:00 PM, she said staff D was hired on . She confirmed the personnel record for staff D did not contain the required documents and said "we haven't gotten all that from her yet."

Class III

E205 - ECC - Health Assessment - 58A-5.030(6) FAC

Based on observations, record review and interview the facility did not obtain a health assessment report before 1 of 3 sampled residents (#2) was admitted to Extended Congregate Care services (ECC).
Findings:

Observations on at 10 AM during the facility's secure memory care unit noted residents #2 was . She sat on a wheelchair with a pillow around her neck. The caregiver staff stated the resident had been discharged from hospice. The resident was able to transfer with assistance of 2 staff but needed total care with her activities of daily living.
Resident record review for resident #2 revealed a health assessment report dated that indicated she required total assistance with bathing, dressing, , toileting, eating and transferring. She had diagnosis of of the . A facility note dated indicated resident no longer qualified for hospice and was discharged. Resident record review for resident #2 revealed no evidence to confirm that a revised health assessment was obtained when the resident was admitted to ECC.
In an interview with the assistant administrator at 1 PM who stated an updated health assessment was not available.
Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on observations, record review and interview the facility did not develop a service plan for 1 of 3 sampled residents who received Extended Congregate Care (ECC) services (#2).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	12/28/2016

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)

Findings:
Observations on at 10 AM during the facility's secure memory care unit noted residents #2 was . She sat on a wheelchair with a pillow around her neck. The caregiver staff stated the resident had been discharged from hospice. The resident was able to transfer with assistance of 2 staff but needed total care with her activities of daily living (ADLs).
Resident record review for resident # 2 revealed a health assessment report dated / that indicated she required total assistance with bathing, dressing, , toileting, eating and transferring. She had diagnosis of of the . A facility note dated / indicated resident no longer qualified for hospice and was discharged from hospice services. An order for physical and occupational was obtained. Resident record review for resident #7 revealed no evidence to confirm that an ECC service plan was developed.
In an interview with the assistant administrator at 1 PM who stated the service plan was not available, because she did not think total care with one (1) ADL was an ECC service.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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