| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965658 | R<br>08/09/2018 |

| 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**

A revisit to the re-licensure survey with Extended Congregate Care (ECC) was conducted on . Palm Cottages of Rockledge, license #9987, had deficiencies at the time of the survey.

**0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC**

Based on resident record review and interview, the facility failed to ensure resident weights were accurate for 1 of 9 records reviewed (#12) and did not document the healthcare provider and family were notified for documented inconsistencies in weight.

Findings:

Review of the record for resident #12 found he was admitted on . He was admitted to hospice care on .

Review of the weight record for resident #12 revealed the following weights since , 2018:

122 lb. - gain of 5 lb.
108 lb. - loss of 14 lbs.
116 lb. - gain of 8 lbs.
119 lb. - gain of 3 lbs.

There were significant to severe weight changes documented on the monthly weight log. The log noted "wheelchair weight 17 lbs." Review of the facility observation notes from through did not reveal any documentation of the weight changes, notification of the healthcare provider, hospice or family. There were no notes about any changes to prevent weight loss.

On at 11:00 AM, the administrator stated her staff said they always weigh the resident in his wheelchair, but they may or may not always have the leg rests attached at the time the weight is documented. She stated that might account for some of the fluctuations. The administrator confirmed there was no documentation on the weight log about whether the leg rests were on or off at the time of each weight. The administrator also stated hospice was providing Ensure to the resident at one time, but the family wanted it stopped and said he did not need to gain weight. A hospice note dated was provided for review, which documented the family request to stop the Ensure. There were no orders, notes or documentation available about the start of Ensure in the hospice or facility notes.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**PALM COTTAGES OF ROCKLEDGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3821 SUNNYSIDE COURT**<br>**ROCKLEDGE, FL 32955** | |

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

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation, dietary record review and interview, the facility failed to ensure 6 months of dated menus were kept on file.

Findings:

Observations found the menu for week 5 of the cycle posted in each of the 8 cottages. Observations during lunchtime found week 5 lunch for Thursday was served as posted.

Review of the dietary records in the office of the dietary manager revealed copies of the menu cycle with the dates of all the menus served for each week for the year. However, the documentation showed the week of 8/5- was to be week 1 of the 6-week cycle. She was serving week 5. The dietary manager stated she was as to which week it was, but said she understood.

On at 1:15 PM, the administrator stated the dietary manager the dates on the paperwork, but she was serving the correct week's menus. The administrator confirmed the records were currently incorrect.

Class III