Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953542	A. BUILDING: _____ B. WING _____	R 02/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to complaint investigations 2019014908, 15511, 15778, 16640, and 17125 were conducted at The Palms of Longwood on . . . Deficiencies were identified at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . or . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	{A 025}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 025}	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 2 sampled residents (#6). Findings: Resident #6's record revealed a facility admission date of . . . . A current 1823 health assessment form, dated , indicated that she requires assistance with self-administration of medications. Review of her , Medication Observation Record (MOR) revealed entries for 3.125 milligrams (mg) take one tablet by . . . twice daily and , ... 12.5 mg take one tablet by once daily. Both contained instructions to hold if , . . . , ( ) is less than 110.	{A 025}		

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{A 025}	Continued From page 2 Review of the prescription labels for each medication revealed they too contained instructions to hold if is less than 110. At 2:15 p.m. on nurse E said there was no documentation to indicate the resident's , was being checked prior to giving the medications. At 2:30 p.m. a pharmacy representative said the order on file contained the parameter order. At 3:15 p.m. the director of nursing confirmed the findings and said all parameter orders were supposed to be discontinued because the facility does not do parameters. Class III	{A 025}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:	{A 054}		

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{A 054}	Continued From page 3 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 2 sampled residents (#6) was properly updated. Findings: Resident #6's record revealed a facility admission date of . A current 1823 health assessment form, dated , indicated that she requires assistance with self-administration of medications. Review of her MOR revealed entries for 500 milligrams (mg) take one tablet by three times a day and 10 mg take half a tablet by three times a day. The 2 p.m. dose of the and the 12 p.m. dose of the were both circled on with no documentation to indicate why. (photographic	{A 054}		

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{A 054}	Continued From page 4 evidence obtained.) At 3:27 p.m. on . . . . . the director of nursing confirmed the findings, said the resident most likely refused the medications but this reason was not documented, as required. Class III	{A 054}		