

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/31/2021
NAME OF PROVIDER OR SUPPLIER PALMER OAKS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1525 PALMER AVE WINTER PARK, FL 32789		
(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 sixth revisit to complaint investigation #2020009877 was conducted at Palmer Oaks Assisted Living on . One deficiency was found at the time of the visit.	{A 000}			
{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: 1. The name of the resident and any known allergies 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 restraints, 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.	{A 054}			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview the facility failed to maintain a complete and accurate Medication Observation Record (MOR) for 1 of 2 sampled residents. (#7) Findings: Review of the MOR for resident #7 revealed an order for 100unit/ml with the directions to "inject 3 units three times daily with meals, in addition to her ; hold if sugar is less than 120." The MOR for the dose was not signed on any day in as having given doses based on the value. A level log was present in the record which documented sugar levels three times a day, but did not include if, or how much, was given based on the value. The form also included instructions to give on half a peanut butter sandwich if the value was less than 100, and to call the provider if the value was more than 400. The log did not include if those instructions had been followed. (Photographic evidence obtained) On at 10:50 AM, the administrator confirmed the findings and said she would redo the log and provide an in-service to the staff. Class III	{A 054}		