

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 12/20/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PALMER OAKS LLC

**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 revisit to the re-licensure survey was conducted at Palmer Oaks 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 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.	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER PALMER OAKS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1525 PALMER AVE WINTER PARK, FL 32789		
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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on review of the admission-discharge log and medication observation record (MOR), the facility failed to ensure the MOR was accurate for 1 of 3 sampled residents (#6). Findings: Review of the facility's admission and discharge log revealed resident #6 was admitted to the facility on On at 10:00AM, review of the MOR for resident #6 revealed medications were not marked as given for the 8AM doses on (Photographic evidence obtained) On at 10:10 AM, resident #6 stated she did have breakfast, but had not received her pills yet this morning. On at 10:15AM, the administrator stated resident #6 should have received her morning medication, but she was unable to reach the staff member who worked overnight to confirm. Class III	{A 054}			