

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910085</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/03/2025</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE PALMS AT SEBRING ASSISTED LIVING**

**725 S. PINE STREET  
SEBRING, FL 33870**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint (complaint numbers 2025015982) in conjunction with a generator monitoring survey was conducted at The Palms at Sebring Assisted Living on . Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 000               |                                                                                                                          |                          |
| A 054<br>SS=D            | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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 | A 054               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910085</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/03/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE PALMS AT SEBRING ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>725 S. PINE STREET<br/>SEBRING, FL 33870</b> |                                                                                                                          |                                                        |
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| A 054                                                                           | <p>Continued From page 1</p> <p>medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to two (Resident #3, and Resident #6) of 4 sampled residents.</p> <p>Findings included:</p> <p>On a record review of Resident #3's MORs revealed medications were not documented as given or refused as prescribed for: Oral Tablet 1 milligrams (MG), Oral Capsule 15mg, tablet 50MG, and ( ) oral capsules 50MG on at 8:00 PM. (photographic evidence obtained)</p> <p>On a record review of Resident #6's MORs revealed medications were not documented as given or refused as prescribed for: Oral tablet 1 MG on at 2000. Tamadol tablet 50mg on and at 6:00 PM. External Cream 0.025% on and at 6:00 PM. HCl oral tablet 25 MG on at 6:00 PM. (photographic evidence obtained)</p> <p>On a record review of the facilities undated policy and procedure on "Documentation of Medication Administration" revealed "1. A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident's medication administration record. 2. Administration of medication is documented immediately after it is</p> | A 054                                                                                    |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE PALMS AT SEBRING ASSISTED LIVING</b> |                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>725 S. PINE STREET<br/>SEBRING, FL 33870</b>                                 |                          |                                                        |
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| A 054                                                                           | Continued From page 2<br><br>given." (Photographic evidence obtained)<br><br>During an interview on _____ at 1:09 PM<br>Staff D stated the MOR should be updated<br>immediately upon offering medications to a<br>resident.<br><br>Class III | A 054                                                                          |                                                                                                                          |                          |                                                        |