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
	AL11911032	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALACE AT KENDALL	11355 SW 84 STREET MIAMI, FL 33173

(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 Complaint Investigation Survey (CCR# 2012009536 and CCR# 2012009996) was conducted on . Palace At Kendall Assisted Living Facility (ALF) had the following deficiencies.	A 000		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to	A 053		

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A 053	Continued From page 1	A 053		

maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to ensure licensed staff administer medications to 2 out of 5 (resident #2, resident #3) sampled residents.

Findings Include:

In an interview with the Director of Nursing on at approximately 10:30 AM, she stated some residents receive treatment. She stated we get the treatment order and we go in the I assist them with the machine that is in the . She stated that they open the medication up for them. She stated some can do it and some cannot. She stated both Certified Nursing Assistant's {CNA's} that are med-certified and Licensed Practical Nurse's {LPN's} are both assisting with treatments

Observations on at approximately 11:11 AM found a located in behind resident #2 who was sitting in the reclining chair.

In an interview with resident #2 on at approximately 11:11 AM, she stated they assist her with medications. She stated she does not see well enough to do them on her own but did them on her own when she first came here. She

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A 053	Continued From page 2	A 053		

stated she uses the three times a day when she has . She stated when she gets a she also uses the . She stated the medication {for the } is here and she is putting it into the . She stated they {the staff} did it for her for a few days. She stated she thought she was unable to do it by herself but she can manage it. She stated the only medication she has in the for the . She stated she knows when she needs to use and it and takes care of it by herself. She stated there are times they {the staff} remind her. She stated in the beginning they were doing it for her. She stated they did it the first few times at night and during the day, the CNA who was on the hall would do it; staff #1. She stated to begin with, both of them poured it {the medication} into the for her.

Observations on at approximately 11:26 AM found a on the countertop of the dresser located in the corner of .

In an interview with resident #3 on at approximately 11:26 AM, he stated he gets his medications in the dining . He stated they give it to him twice a day but why he does not know. He stated the girls bring the medication and put it in the and give it to him. He stated she loads up the and gives it to him. He stated he has been using it since he was transferred to this place. He stated if she is not here then one of the CNA's gives it to him.

In an interview with the administrator on at approximately 11:33 AM, he stated staff #1 does not give out medications but she is med-certified and only assists with treatment if the resident needs assistance.

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A 053	Continued From page 3	A 053		

In an interview with staff #2 on at approximately 11:45 AM, she stated she gives out medications on a daily basis. She stated she assists with medications. She stated she has a valid CNA license currently. She stated she assists with treatments. She stated she opens the little thing and when they are a little with the hands, she will put it inside and they will put the mask on. She stated sometimes it 's a mask and sometimes it is a pipe. She stated sometimes she assists with two or three residents.

In an interview with staff #1 on at approximately 11:52 AM, she stated she is a nurse's assistant. She stated she gives out medications if the resident asks for help. She stated she does not pass medications. She stated she has not passed medications before. She stated she only helps with 's if the resident needs help. She stated if they need help to open the little thing, if they need help with the little cup, or if they need help with turning it on and off. She stated sometimes the residents will ask for help. She stated one resident will ask her for help. She stated resident #2 asks her for help. She asks for help when she needs it, not every day. She stated when she feels or not stable then she will ask to please help her. She stated other CNA's assist with treatment with resident.

Record review of staff #2, whose date of hire was , revealed a certificate for two hours of assistance with self-administration of medications dated and Certified Nursing Assistant's certificate with an expiration date of . Record review revealed staff #2 was not a licensed nurse.

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A 053	Continued From page 4 Record review of staff #1, whose date of hire was revealed a certificate for two hours in assistance with self-administration of medications dated - and a Certified Nursing Assistant certificate with an expiration date of -. Record review revealed staff #1 was not a licensed nurse. In an interview with the administrator on at approximately 1:12 PM, he acknowledged the findings. Class III	A 053		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Palace At Kendall
11355 Sw 84 Street
Miami, FL 33173

Re: CCR #2012009536 & 2012009996

Dear Administrator:

This letter reports the findings of two state complaint survey that were conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121