STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965183	07/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Regal Palms	300 Lake Ave N.E Largo, FL 33771	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

A0000- Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013005505, was conducted on and .

The Regal Palms, assisted living facility, had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview, and record review, the facility failed to ensure that staff provided assistance with self-administration of medication as ordered for 1 (Resident #11) of 6 residents sampled for medication pass observation.

Findings include:

Observation of the morning medication pass on at approximately 9:25 a.m. revealed a bottle of 20mg with directions to take one tablet by mouth every other day, prescribed for Resident #11.

A review of Resident #11's MORs dated revealed that the directions on the MORs matched the directions on the medication bottle's label. The MORs were initialed next to the medication by the facility's medication staff to indicate that the resident had received the medication every day from to , instead of every other day as ordered.

During an interview with Staff D on at approximately 9:30 a.m., she acknowledged that the staff had failed to notice that the was ordered for every other day and not every day. She stated she believed the order had been changed to every day, but failed to find this order change when she looked in the resident's record. She contacted the resident's doctor to find out if it was acceptable that the resident received the medication every day and to get an order faxed to the facility for the resident to continue to receive the medication daily.

A review of the medication order dated that was faxed to the facility revealed that the order for the 20mg was changed to one every day.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview, the facility failed to obtain certificates of the completed 3 hours of in-service training for activities of daily living (ADLs) for 2 (Staff B and C) of 3 direct care staff sampled for employee record review.

Findings include:

A review of Staff B's and C's employee records revealed that neither staff member had the required certificates that documented the completion of 3 hours of ADLs in-service training.

An interview with the Director of Nursing on at approximately 7:45 p.m. revealed that she was not aware that the facility had to provide documented proof that ADLs training was completed.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Regal Palms
300 Lake Ave N.E
Largo, FL 33771

Dear Administrator:

Re: **CCR# 2013005505**

This letter reports the findings of a complaint survey that was conducted on , 2013, and , 2013, by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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