STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	09/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palace Retirement Home	965 S. Florida Avenue Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= D

0000-Initial Comments
On an unannounced Assisted Living Facility (ALF) abbreviated Relicensure survey was conducted. The Palace Retirement had deficiencies found during the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, record review and interview, the facility did not follow prescription orders for one medication for 1 of 8 sampled residents (#8).

Findings:

Observations at approximately 12:30 PM on noted that the facility nurse retrieved a medication from the secure cabinet and brought it to resident #8 who sat at the dining lunch. The prescription label, dated read, 5 milligrams (mg.) 3 times daily 30 minutes before eating meals and bedtime; may hold for is used treat caused by

When the nurse was asked why she gave the medication while the resident was eating, she said it was OK to give the medication. The medication was not given as prescribed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to maintain up-to-date Medication Observation Records (MORs) for 2 of 8 sampled residents (#3 & 6).

Findings:

During the entrance at approximately 9:30 AM on the facility administrator stated the medication pass times were normally at 8 AM, 11 AM with lunch and 5 PM. She was informed that

medication pass was part of the Relicensure survey and observations needed to be conducted.

At approximately 11 AM on observation in the dining residents #3 and #6 with empty small plastic souffle cups next to their plates. A staff person, who also worked the kitchen, stated she had already given the medications. At that time, a request was made to see the MOR. The staff person stated she was unable to locate the MOR. The nurse located the MOR.

Review resident #3's MOR indicated that 100 milligrams (mg.) was to be given at lunchtime but the area on the MOR was blank on for this time.

Review of resident #6's MOR indicated that 800 mg. was to be given 3 times daily at 8 AM, 12 PM and 5 PM but the area on the MOR was blank on at 12 PM.

A approximately 11:30 AM on the staff stated she could not find the MORs for residents #3 and #6 and that was why she did not sign it but gave the medications because she knew what medication they needed.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview, the facility failed to ensure centrally stored medications were secure at all times.

Findings:

Observations at approximately 12:30 PM on during the medication pass noted that the facility registered nurse (RN)/administrator/owner took a plastic bin that contained medications from inside the secure medication cabinet. The cabinet was located between the kitchen and the dining The kitchen was not locked, and a door was not present. The kitchen staff came in and out to serve lunch to the residents. The nurse placed the plastic container which contained multiple medication bottles on top of the kitchen counter. She retrieved 2 bottles of medications and left the medication plastic container on top of the kitchen counter where the medications were accessible to residents and/or visitors. She brought the medication to resident #7 in After the resident took her

medications, the nurse returned to the kitchen, took the plastic medication container, and returned it to the locked medication cabinet.

Class III

Z827-Unlicensed Activity 408.812, FS
Based on observations, record review and interviews, the facility failed to ensure that a Limited Nursing Services (LNS) license was obtained before performing the services for 1 of 8 sampled resident (#1).

Findings:

Observations at approximately 10 AM on found an concentrator in the resident #1. The resident stated at the time that he used the sometimes at night and the "nurses" helped him with it.

Resident record review at approximately 1 PM on revealed resident #1 had a health assessment dated which listed diagnoses of Parkinson's high and He was alert but forgetful and needed at 2 liters per minute via nasal cannula.

The facility administrator/owner who was also a registered nurse stated at the time that the resident was independent with the but sometimes he needed assistance and she assisted him.

Class III

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Palace Retirement Home
965 S. Florida Avenue
Rockledge, FL 32955

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) 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 after **2013,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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