STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967622	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Noble Cove Inc	110 West Palm Avenue Lake Worth, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced standard biennial relicensure survey was conducted . . . . . Noble Cove Inc had licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and an interview, the facility failed to maintain an up-to-date and accurate medication observation record (MOR) for, 1 out of 2 sampled residents (Resident #3).

The findings include:

On , an order dated , for ensure (supplement drink) to be given three times a day was identified in Resident 3's record. An observation note dated , indicated the "resident refused to drink the ensure".

The 2013 MOR did not have the ensure order documented on it. A Pharmacy Representative stated during interview by telephone at 10:48 AM, "that the health care provider's order was received from the facility on . . . . . and that a case of 24 cans of ensure was delivered on . . . . . He also stated, "the bill for the ensure had not been sent yet to the resident's family". Interview with the Administrator at 10:30 AM on revealed the resident would not drink the ensure. The Administrator acknowledged that the order had not been added to the resident's MOR. Therefore, the refusals had not been documented three times a day, for each time the drink was ordered.

During observations of Resident #3 at 11 AM, the resident was offered a glass of ensure and initially refused. However, after encouragement and the addition of ice and removal of a straw, the resident consumed the drink. At 12:15 PM on , the resident's MOR was again reviewed and did not have any documentation of the resident's provision and consumption of the ordered supplement.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Noble Cove Inc
110 West Palm Avenue
Lake Worth, FL 33467

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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