STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	12/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Indigo Palms At Maitland	740 North Wymore Road Maitland, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey including Limited Nursing Services was conducted in conjunction with Complaint Inspection #2103011098 on [redacted].

There were deficiencies found at the time of the re-licensure survey.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview the facility did not ensure a nurse administered [redacted] medications with parameters for 1 of 18 sampled residents (#2).

Findings:

Resident record review for #2 revealed an Assisted Living Facility health assessment form (1823) dated [redacted] that noted diagnoses of [redacted] and Chronic [redacted]. The resident needed assistance with self-administration of medications.

Review of the [redacted] and [redacted] Medication Observation Record (MOR) revealed the resident received [redacted] (for [redacted] 80 milligrams (mg) take one tablet by mouth every day. The parameters were as follows: hold for [redacted] (SBP) <110 and Diastolic (DBP) <60. The back of the MOR on [redacted] and [redacted] noted that the medication was held on those days because SBP<110 and DBP<60. Review of the front of the MOR revealed it was noted on the MOR that the [redacted] was [redacted] on [redacted] and on [redacted] the [redacted].

Review of the [redacted] MOR revealed that the Medication was given daily.

The administrator reviewed the [redacted] MOR on [redacted] at 4:30 PM and stated that some of the initials that were on the MORs was unlicensed staff (non-nurses) and some was identified as a nurse.

On [redacted] at approximately 5 PM and unlicensed staff who was providing assistance with medications at the time reviewed the MOR for [redacted] and stated that the initials that were

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noted on the MOR from [redacted] was an unlicensed staff.

Review of physician orders dated [redacted] noted [redacted] 80 mg once daily a day, Hold for SBP<110 and DBP<60.

The facility's unlicensed staff were making judgments when determining if the medication should be held or given, the facility had nurses on duty and they were not administering the medication to the resident as required at all times.

The Administrator stated on [redacted] at approximately 5 PM, he was not aware that the unlicensed staff was making judgments regarding the medications and nurses needed to administer the medication.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered [redacted] medications with parameters for 1 of 16 sampled residents (#2) and failed to ensure 3 of 6 sampled staff (Staff A, Staff B and Staff E) had accurate documentation of freedom from communicable [redacted] including [redacted] that was completed by a health care provider.

Findings:

1. Resident record review for #2 revealed an Assisted Living Facility health assessment form (1823) dated [redacted] that noted diagnoses of [redacted] and Chronic [redacted] The resident needed assistance with self-administration of medications.

Review of the [redacted] and [redacted] Medication Observation Record (MOR) revealed the resident received [redacted] (for [redacted] 80 milligrams (mg) Take one tablet by mouth every day. The parameters are as follows: hold for [redacted] (SBP) <110 and Diastolic (DBP) <60. The back of the MOR on [redacted] and [redacted] noted that the medication was held on those days because SBP<110 and DBP<60. Review of the front of the MOR revealed it was noted on the MOR the [redacted] was [redacted] on [redacted] and on [redacted] the [redacted]

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Review of the MOR revealed that the Medication was given daily.

The administrator reviewed the MOR on at 4:30 PM and stated that some of the initials that were on the MORs were unlicensed staff (non-nurses) and some was identified as a nurse.

On at approximately 5 PM and unlicensed staff who was providing assistance with medications at the time reviewed the MOR for and stated that the initials that were noted on the MOR from was an unlicensed staff.

Review of physician orders dated noted 80 mg once daily a day, Hold for SBP <110 and DBP <60.
The unlicensed staff was making a judgment when determining if the medication should be held or given.
The Administrator stated on at approximately 5 PM, he was not aware that the unlicensed staff was making judgments regarding the medications.

2. Review of personnel files revealed Staff A hired and Staff B hired only had documentation to confirm free from communicable including were statements on the facility's letter head with a signature that was not legible and did not have a date. Further review revealed there was no way to determine who had signed the documentation and the credentials of the person who completed the documents.
Staff E who was hired needed an annual statement from a health care provider that she was free from There was also a statement in her file on the facility's letter head with a signature that was not legible. There was no way to determine who had signed the documentation and the credentials of the person who completed the document.

Interview with the administrator stated on at approximately 4 PM that he was not aware that the signatures that were on forms were not acceptable.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

Dear Administrator:

Re: Biennial w/LNS

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 , **2014,** 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

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998