STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911173	02/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
White Palms	9072 Old Dixie Hwy. Lake Park, FL 33403	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

ist of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility standard biennial re-licensure survey was conducted on at White Palms. The facility had a licensure deficiency identified at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review and interviews, the facility failed to provide medication assistance for 1 of 3 sampled residents in accordance with the physician's orders and did not accurately document the reason for withholding scheduled medications (Resident #4).

The findings include:

A review of the Medication Observation Record (MOR) for Resident # 4 for the month of 2014 revealed the following order: hc 50 mg take 1 tablet, two times daily at 8:00 PM and 8:00 PM. The MOR has the letter "x" written in the space for and for the AM dose. In the space for the PM dose, there is the letter "x" marked for 2/8, 2/9, and The legend at the bottom of the MOR indicates that the letter "x" is written to indicate that the medication was held per medical order.

The Administrator was asked at 9:35 AM on to explain why the AM and PM doses of were held most of the days. She stated that the resident also has an order for 2 tablets every 6 hours as needed for pain. She stated that she spoke with the resident and determined that he should receive either the or the but not both medications on Monday, Wednesday and Friday mornings when he went to the Senior Center. The surveyor pointed out that more than Monday, Wednesday and Friday dates had been marked with an "x". The Administrator again stated that she decided to give the resident one or the other medications but not both. The Administrator confirmed that the order for was a PRN (to be given as needed) order. However she listed it on the MOR as either an 8 AM or a 4 PM dose when in fact the resident could receive up to 4 doses as needed in a 24 hour period.

After reviewing the orders for the scheduled and the the Administrator confirmed that she should have allowed the resident to have the as written twice daily, regardless of the day of the week and the as needed for pain every 6 hours. The Administrator confirmed

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that the facility failed to allow the resident to have the [redacted] and [redacted] as written.

The surveyor conducted an interview with Resident # 4 at the Senior Center at 11:50 AM on [redacted]. The resident was asked to describe his pain. He stated he has chronic pain in his left leg which is never lower than a 3 on a scale of one to ten. The resident was unaware that he should have received the [redacted] twice daily as ordered by the physician and in addition could receive the [redacted] up to 4 times a day. The Resident stated that he would accept the [redacted] twice daily and let the Administrator know if he needed the [redacted].

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interviews, the facility failed to provide medication assistance for 1 of 3 sampled residents in accordance with the physician's orders and did not accurately document the reason for withholding scheduled medications (Resident #4).

The findings include:

A review of the Medication Observation Record (MOR) for Resident # 4 for the month of [redacted] 2014 revealed the following order: [redacted] hc 50 mg take 1 tablet, two times daily at 8:00 PM and 8:00 PM. The [redacted] MOR has the letter "x" written in the space for [redacted] and [redacted] for the AM dose. In the space for the PM dose, there is the letter "x" marked for 2/8, 2/9, [redacted] and [redacted]. The legend at the bottom of the MOR indicates that the letter "x" is written to indicate that the medication was held per medical order.

The Administrator was asked at 9:35 AM on [redacted] to explain why the AM and PM doses of [redacted] were held most of the days. She stated that the resident also has an order for [redacted] 2 tablets every 6 hours as needed for pain. She stated that she spoke with the resident and determined that he should receive either the [redacted] or the [redacted] but not both medications on Monday, Wednesday and Friday mornings when he went to the Senior Center. The surveyor pointed out that more than Monday, Wednesday and Friday dates had been marked with an "x". The Administrator again stated that she decided to give the resident one or the other medications but not both. The Administrator confirmed that the order for [redacted] was a PRN (to be given as needed) order. However she listed it on the MOR as either an 8 AM or a 4 PM dose when in fact the resident could receive up to 4 doses as needed in a 24 hour period.

After reviewing the orders for the scheduled [redacted] and the [redacted] the Administrator confirmed that she should have allowed the resident to have the [redacted] as written twice daily, regardless of the day of the week and the [redacted] as needed for pain every 6 hours. The Administrator confirmed that the facility failed to allow the resident to have the [redacted] and [redacted] as written.

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The surveyor conducted an interview with Resident # 4 at the Senior Center at 11:50 AM on . The resident was asked to describe his pain. He stated he has chronic pain in his left leg which is never lower than a 3 on a scale of one to ten. The resident was unaware that he should have received the twice daily as ordered by the physician and in addition could receive the up to 4 times a day. The Resident stated that he would accept the twice daily and let the Administrator know if he needed the .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
White Palms
9072 Old Dixie Hwy.
Lake Park, FL 33403

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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