STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965856	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palm Manor, Inc (the)	6609 Sw 20 Th Street Miramar, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= B
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Limited Nursing Services (LNS) was conducted on . . . at Palm Manor, Inc. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to ensure that a face to face medical examination by a licensed health care provider at least every 3 years after the initial assessment for 2 of 4 residents (Resident #2 and Resident #3).

Findings include:
1) A review of the record of Resident # 3 revealed that the resident had a medical examination which was documented on the AHCA form 1823 on . . . The Administrator confirmed that the resident should have had a new examination and a completed Health Assessment Form 1823 before . . . in order to meet the three year requirement. The Administrator confirmed that the facility failed to ensure that the resident had a timely health assessment.

2) Resident #2 was admitted to the facility on with diagnosis of and Her most recent AHCA Health Assessment Form 1823 was dated . . . The issue was brought to the attention of the Administrator at 12:00 PM on . She validated the 1823 was out of date. She expressed the doctor comes to the facility frequently, but has not completed a current 1823.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to ensure that residents were informed of the medication that the staff were providing and failed to wash hands before and after providing medications, for 4 of 4 sampled residents (Resident #1, Resident #2, Resident #3 and Resident #4).

Findings include:

1) An observation of the medication pass was conducted on starting at 9:00 AM. Staff Member A poured the medications for Resident # 3 in a medication cup and then handed the medications to the resident, who consumed them. The staff member did not inform the resident of the name of the multiple medications at that time. The staff member did not wash her hands before pouring the medications or after providing them to the resident.

2) After ensuring that Resident # 3 consumed his medications, Staff member A poured the medications for Resident # 1 into a medication cup and handed them to the resident. The Staff member again, did not explain or inform the resident of the names of the medications being provided. The staff member did not wash her hands after providing the medications to the two residents.

3) At 1:22 PM, Staff Member A poured a single medication for Resident # 3 and handed the medication to the resident without informing the resident of the name of the medication. The resident consumed the medication and at that time, the Staff member washed her hands. The staff member was asked why she did not inform the residents during the morning (9:00 am) med pass and the 1:22 PM of the name of the medications. She confirmed that she should have informed the residents on both occasions of the names of the medications when she handed them to the residents. Staff member A also confirmed that she should have washed her hands before and after pouring the medications and providing them to the residents.

4) Resident #2 was observed seated at the dining on eating her breakfast from 9:00 to 9:30 AM. She was observed at 9:25 AM receiving assistance with self-administration of her medications. The aide/med tech assisting her did not wash her hands. She prepared the resident's medications in a pill cup which she placed in front of the resident on the table. The resident picked up the cup and removed half of the pills and swallowed them. After taking a drink, the resident removed the remainder of pills and swallowed them. The aide did not verbalize and inform the resident of any of the medications she was taking. The resident was ordered 324 mg per the physician's order and the Medication Observation Record (MOR) stated "take 1 tab by mouth twice daily before meals/meds with OJ or water". The pack contained the same information (See

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Photo). Sticker directions from the pharmacy attached to the pack stated, "Directions - take medicine on an empty stomach 1 hour prior or 2 hours after a meal" (See Photo). The aide did not wash her hands after she completed with Resident #2.

An interview was conducted with the aide on at 9:35 AM. She validated she should have washed her hands before and after assisting the resident with her medications. Further interview was conducted at 9:42 AM. At this time the Administrator was also present. The aide stated she did not realize the resident was to receive before meals as directed. She reviewed the directions on the pack and the MOR, and validated the directions for the medication was documented to be given before meals with OJ or water. She stated the resident had been receiving the medication with breakfast daily. She stated she was unaware she was required to verbally inform the resident of each medication they were receiving. The Administrator validated the findings.

5) Resident #4 was given assistance with self-administration of medication on at 9:38 AM. The resident received 6 medications scheduled for 9:00 AM, which included: , and (per the MOR). The aide/med tech placed the medications in a pill cup and set it on the table for the resident. The resident removed the pills from the cup and swallowed them. The aide did not tell the resident what medications were in the cup before he swallowed them. During an interview with the aide on at 9:42 AM, with the Administrator present, she validated she did not verbally inform the resident about the medications she assisted him with. The Administrator validated the findings.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review, the facility failed to provide evidence of 12 hours of continuing education for the Administrator as required (Staff Member C).

The findings include:

Staff Member C's employee record was reviewed on at 1:00 PM for continuing education credits. Proof of 12 hours of continuing education in the past two years was not found in the file. An interview was conducted with the Administrator who stated she was a registered nurse and received continuing education credits, but did not have proof documented in her employee file.

Class

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that required training was conducted for reporting major incidents, reporting adverse incidents, and neglect and for 2 of 3 staff (Staff A and Staff B).

Findings include:

1) A review of the personnel file for Employee A revealed that she was employed at the facility on . Review of the employee' personnel file did not reveal documentation that she had received the required one hour training for the following subjects: Reporting major incident, reporting adverse incidents and recognizing and reporting resident neglect and . An side by side review of the personnel file was conducted with the Administrator on at 12:35 PM. The Administrator confirmed that she did not have documentation and or evidence that the required training had occurred which did not meet the regulatory requirement of such training within 30 days of employment.

2. A review of the employee file for Staff Member B was completed on at 1:00 PM. Her date of hire was . There was no evidence the employee received the required training on the topics of Resident Rights, Recognizing/Reporting Neglect, and and Incident Reporting. An interview was conducted with the Administrator at 1:45 PM and she validated the employee did not receive the training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to ensure that menus were reviewed annually by a registered dietician and that a 3 day supply of food was available for an emergency.

Findings include:

1) The surveyor conducted a review of the menu's posted on the wall of the facility which were signed and dated by the dietician on . A review of the remaining menu's maintained by the facility were also dated . The Administrator confirmed that menus should be updated annually and that the facility had failed to do so as evidenced by the date.

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2. An inspection of the facility's emergency food suply was completed during the survey at 12:51 PM on . A closet in the hallway contained the emergency food. The food supply consisted of 1 (15 ounce) can of green beans, 1 (15 ounce) box of crackers, 1 (16 ounce) box of crackers and 15 gallons of water. There were no milk or milk equivalent products found. Based on the average daily census of 4 residents, the facility was required to have available the following: 144 ounces of vegetables, 144 ounces of starches, 36 gallons of water, and 144 ounces of milk or milk equivalent products. The items found in the emergency supply only supplied the following: 15 ounces of vegetables, 31 ounces of starches, 15 gallons of water and zero milk or equivalent. The issue was brought to the attention of the Administrator on at 1:50 PM, who validated the emergency food supply was inadequate to meet the needs of the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palm Manor, Inc (the)
6609 SW 20th Street
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representatives 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 representative. 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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