STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967848	04/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palm Shades Adult Home Care Inc	5702 E Lincoln Cir Lake Worth, FL 33463	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Palm Shades Adult Home Care Inc. The facility had licensure deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to dispose of expired medications in a timely manner, for 1 of 2 sampled residents (Resident #1).

The findings include:

A review of medications (current resident's medications and expired) stored in the facility medication cabinet was conducted on at 8:32 AM with the facility's Owner present. The following expired medications and related supplies were identified as belonging to Resident #1:

1. A bottle of 15 milligrams expired on

2. A bottle of solution 0.005% expired on

3. supplies: five boxes of in-vitro diagnostic test strips expired on , , and ; and, a box of lancets expired

This was discussed with and acknowledged by the Owner at the time of observation.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interviews and record review, the facility failed to ensure a written health care provider (HCP) order was received prior to changing the dose for a medication for a resident whom facility staff assisted with self-administration for 1 of 2 sampled residents (Resident #2).

The findings include:

A medication audit of Resident #2's medications was conducted on at 10:02 AM with the facility's Administrator present. The following concerns were noted:

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	AL11967848	**04/14/2014**
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1. A container of was labeled "75 [micrograms (MCG)] take one tablet by mouth daily." Review of the resident's 2014 medication observation record (MOR) revealed an entry for 75 MCG, take one tablet by mouth every day except Sunday." A review of a written Health Care Provider (HCP) order dated revealed 75 MCG [one tablet by mouth every day Monday through Saturday] no Sunday." Further review of the resident's 2014 MOR revealed facility staff had initialed the medication as given on Sunday (photographic evidence obtained).

2. A container of was labeled "10 milligrams (MG)." Review of the resident's 2014 MOR revealed an entry showing 20 MG." Review of a written HCP order dated revealed 20 MG, once daily." In an interview conducted at 10:02 AM, the facility's Administrator confirmed staff gave the resident one tablet, or 10 MG, daily (photographic evidence obtained).

These concerns were discussed with and acknowledged by the Administrator at the time of observation.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Palm Shades Adult Home Care Inc
5702 E Lincoln Cir
Lake Worth, FL 33463

Dear Administrator:

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