STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968268	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palamar House	4319 Neptune Rd Saint Cloud, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial re-licensure survey was conducted on [redacted] Palamar House Assisted Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review the facility failed to ensure the Health Care Provider completely filled in the Facility Health Assessment Form (AHCA 1823) for 2 of 2 residents records reviewed (#1 and #2) and the facility failed to ensure that the Facility Health Assessment Form (AHCA 1823) was updated by the Health Care Provider when 1 of 5 residents had a change in condition and was placed on hospice.

Findings:

1. Resident Record Review for resident #1 revealed a Facility Health Assessment Form dated [redacted] with the section for diagnosis blank and the section for type of assistance needed for medications blank by the Health Care Provider.

2. Resident Record Review for resident #2 revealed a Facility Health Assessment Form dated [redacted] with the section for type of assistance needed left blank by the Health Care provider.

3. Resident Record Review for resident #1 revealed an Interdisciplinary Hospice Care Plan dated [redacted] The Facility Health Assessment Form is dated [redacted] and was not updated when the resident had a significant change and went on Hospice Care.

Class III

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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 staff who provide direct care to residents received a minimum of one hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents: direct care staff completed training requirements relating to borne and receive a minimum of 1 hour in-service training within 30 days of employment facility emergency procedures including chain-of command and staff roles relating to emergency evacuation, Resident Rights, recognizing and reporting resident neglect and resident behavior Providing assistance with activities of daily living and facility elopement policies for 1 of 3 sampled staff (C).

Findings:

Employee record review conducted on at 12:45 PM for staff C revealed that the only certificate of training in the record was for training dated There were no other certificates of training in the record.

Interview conducted on at 2:15 PM with the manager who stated that she believes staff C had the training's. However, she does not know where the certificates of completion are.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility did not ensure unlicensed staff who provide assistance with self-administrations of medications have successfully completed the initial 4 hour training in providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility and completed annually, a minimum of 2 hours of continuing education for 3 of 3 employees records reviewed (Staff A, B & C).

Findings:

1. Employee Record Review completed on at 12:15 PM for staff A revealed a Certificate of completion for 4 hours of assistance with self-administration of medications dated There is no certificate of completion to support that Staff A completed annually a 2 hour update on providing assistance with self-administration of meditations and safe medication practice in an ALF.

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2. Employee Record Review completed on [redacted] at 12:30 PM for staff B revealed a certificate of completion for 4 hours of assistance with self-administration of medications dated [redacted] There is no certificate of completion to support that Staff B completed annually a 2 hour update on providing assistance with self-administration of medications and safe medication practices in an ALF.

3. Employee Record Review completed on [redacted] at 12:45 PM for staff C who was hired on [redacted] revealed that there are no certificates of training to support that Staff C completed a 4 hour training in assistance with self-administration medications and safe medication practices in an Assisted living facility or completed annually a 2 hours of update training.

Interview conducted on [redacted] at 2:30 PM with the manager who stated that Staff A and B had not completed the 2 hour of updated training annually. Staff C has completed the 4 hour training but the certificate is not in the facility.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility did not ensure the administrator or person designated by the administrator as responsible for the facility's food service and day-to-day supervision of food service staff obtained, annually, a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility for 3 of 3 sampled staff files (A, B & C).

Findings:

Employee Record review for Staff A, B and C conducted on [redacted] revealed there was no staff including the administrator that had completed the annual 2 hour continuing education course in topics pertinent to nutrition and food service in an assisted living facility.

Interview conducted on [redacted] at 2:15 PM with the manager who stated to her knowledge no one on the staff have the 2 hour training for the person designated as responsible for the facility's food service and the day-to day supervision of food service staff.

Class III

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0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review and interview the administrator failed to provide in writing who was responsible for the total food services and day to day supervision of food service staff.

Findings:

Record review for staff A, B and C revealed that no one including the administrator was responsible for the total food services and day to day supervision of food service staff.

Interview conducted on [redacted] at 2:15 PM with administrator who stated that no one on staff has been designated in writing as responsible for the total food service and day to day supervision of food service staff.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Palamar House
4319 Neptune Rd
Saint Cloud, FL 34769

Dear Administrator:

Re: Biennial

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

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