STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966281	05/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Personal Elder Care	4533 Brook Drive West Palm Beach, FL 33417	
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . . at Personal Elder Care. 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 interviews, the facility failed to ensure AHCA Form 1823 (medical examinations) were updated and accurate for 2 of 3 sampled residents (Resident #1).

The findings include:

1. Review of Resident #1's record revealed her last medical examination was conducted . . . . and disclosed she only needed supervision with showers. She was certified by a health care provider as having less than six months to live and placed on hospice services on . . . . . Further review of her record revealed no documentation showing an updated medical examination was obtained at that time. In an interview conducted . . . at 10:52 AM, the facility's Administrator acknowledged same and confirmed she needs hands-on assistance with showers. She further acknowledged the need for a medical examination that reflected her current care needs.

Class III

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0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interviews, the facility failed to document efforts to monitor the conditions and well-being of a resident receiving hospice services, for 1 of 2 sampled residents (Resident #1).

The findings include:

Review of Resident #1's record revealed she was admitted to the facility on . . On , she was certified by a Health Care Provider to have less than six months to live and required hospice services. Review of her resident observation notes, hospice records and other available records revealed no documentation showing facility staff were monitoring Resident #1's medical conditions and well-being, in conjunction with Hospice. The last entry in her resident observation notes was dated , there were no hospice nurse or aide visit reports in her record reflecting the residents current care and service as a result of the illness (deline in health). In an interview conducted . . . at 11:22 AM, the facility's Administrator stated she had not made any resident observation notes or received any hospice nurse or aide visit notes in some time. She acknowledged the lack of documentation showing facility staff monitored Resident #1's medical conditions and well-being. She also acknowledged Resident #1 had a significant health change requiring the services of hospice and that no further documentation was available.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interviews, the facility failed to ensure changes in directions for use of medications were accompanied with written Health Care Provider (HCP) orders, for 2 of 3 sampled residents (Resident #2 and #4).

The findings include:

1. Review of Resident #2's medication records revealed his medication observation records (MORs) for and 2014 included entries for two medications, nose spray taken twice daily, and . . 10 milligrams (MG) taken twice daily. Facility staff initialed all possible doses as received by the resident for both months. Further review of his record revealed no written HCP orders for either medication. Additionally, when the was requested to be presented for review, a container of Chlor-Tabs, a different medicine, was presented; there was no written HCP order for the Chlor-Tabs.

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2. Review of Resident #4's medication records revealed the following concerns:

a. His MORs for and 2014 included entries for two medications to be taken "as needed" or "PRN", 15 MG to be taken three times daily, and 15 MG daily. Facility staff initialed boxes for all possible doses indicating the resident received the medicine routinely as opposed to having to specifically request each dose.

b. A written HCP order dated called for 500 MG twice daily for 31 days, the doses should have ended on or around . Review of his MORs for and 2014 documented facility staff initialed all possible doses for that time period. Further review of his record revealed no written HCP order continuing the medication beyond .

c. A written HCP order dated called for 300 MG twice daily for 30 days, the doses should have ended on or around . Review of his MORs for and 2014 documented facility staff initialed all possible doses for that time period. Further review of his record revealed no written HCP order continuing the medication beyond .

d. A written HCP order dated called for 15 MG to be taken daily at bedtime. His and 2014 MORs documented he received this medication on a daily basis at or around 9:00 AM.

In an interview conducted at 2:42 PM, the above concerns were discussed with and acknowledged by the facility's Administrator.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure all structural systems and appurtenances were maintained in good working order.

The findings include:

During a tour of the facility conducted at 8:42 AM, a as the men's observed with bubbled and peeling paint on the wall behind the toilet, the undersides of the toilet seat and cover were observed to be worn with chipped and peeling paint. The medicine cabinet was

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excessively soiled in the lower right hand corner. The trim along the left side of the vanity top was excessively soiled. These concerns were observed and acknowledged by the facility's Administrator on at 9:52 AM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Personal Elder Care
4533 Brook Drive
West Palm Beach, FL 33417

Dear Administrator:

Re: Relicensure Survey

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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