STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966585	06/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palm Avenue Baptist Tower Alf	215 East Palm Avenue Tampa, FL 33602	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

Palm Avenue Baptist Tower, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation and interview, the facility failed to ensure the safety of 1 of 1 sampled residents (Resident #1) by practicing control during assistance with self-administration of medication.

Findings include:

On at approximately 11:30 a.m., Employee C, an unlicensed med tech, was observed preparing to complete a medication pass. Employee C reviewed the Medication Observation Record for Resident #1. Employee C then picked up a cup with her drink, took a sip and placed the cup back on the medication cart. Employee C then unlocked the cart and pulled out a bubble pack of medication. Employee C popped the pills directly into her hand, then placed the pills in a souffle cup and took the cup to Resident #1. Employee C did not sanitize her hands. Resident #1 was observed putting the pills into her mouth and taking a drink of water.

At 11:35 a.m. on , Employee C was asked about sanitizing her hands. Employee C said she had sanitized her hands after the assisting the previous resident with medications and said she thought she popped the pills for Resident #1 directly into the cup without touching them.

At 12:05 p.m., the administrator was interviewed and stated that staff are trained to sanitize their hands before touching the medication containers and to pop pills directly into the souffle cups.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966585	06/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to insure that all centrally stored medications for residents were in a locked container.

Findings include:

During a tour of the facility conducted on [redacted] at 10:45 a.m., a medication cart was observed in the 3rd floor hallway between two resident [redacted]. No staff were present near the cart. The medication cart was unlocked. (Photo taken)

On [redacted] at 12:05 p.m., the administrator was interviewed and stated she did not know why the staff on duty left the cart unlocked. The administrator stated the staff have keys to the cart and it should be locked at all times.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palm Avenue Baptist Tower ALF
215 East Palm Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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