STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carlisle Palm Beach, The	450 East Ocean Avenue Lantana, FL 33462	
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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Change of Ownership (CHOW) with Initial Limited Nursing Services and Capacity Increase survey was conducted on and at The Carlisle Palm Beach. This facility was inspected for a capacity increase from 75 beds to 175 beds. The facility had 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 ensure that discontinued medications were returned to resident families and/or destroyed within 30 days after they were discontinued, for 1 of 3 medication carts observed.

Finding include:

An observation of the medication conducted on starting at 9:42 am, accompanied by the Administrator/ Extended Congregate Care (ECC) Supervisor. There were three medication carts in the unit of which one was hued to store 90 day overstock and discontinued medications. During a review of medication cart #2, the surveyor asked the nurse present to identify which medications were overstock (90 day supply) and which had been discontinued. The Nurse stated that the medications in the bottom drawer had been discontinued and should be returned to the family/ responsible party within 30 days after they were discontinued. Upon removing a large quantity of cards of medications, the surveyor asked the nurse how she would determine when they were discontinued and if any of the family member/responsible parties had been notified to pick up the medications. The nurse stated that she didn't know.

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A side by side comparison of the medications to the Physician's order was conducted with the ECC Supervisor/ Administrator. She confirmed that there was no date or other identifying information on the medication container to determine when they had been discontinued. Upon conducting the side by side comparison of the medications to the Physician's orders it was confirmed by the ECC Supervisor that the following medications exceeded the 30 day requirement: 2 cards of 10mg, 2 cards of 6.25 mg , 1 card of 20 mg , 1 card of 2.5 mg, 1 card of Famotadine 20 mg , 81 mg chew 1 card, 40 mg,; 20 mg 1 card, Guaifenesien syrup 1 bottle, 1 tube 2 % ointment, tiriamcinolone cream 0.1 % .

The Surveyor and the ECC Supervisor/ Administrator were conducting the previously described comparison of medications to Physician's Order inside an office to the medication Upon finishing this review, the surveyor noted that the Nurse had left the medication The medication refrigerator did not have a lock and had a lock box of inside. The Nurse returned approximately 5 minutes later and confirmed that the door to the medication have been secured when she was not present .

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observations, interviews and record review, the facility failed to ensure residents received Health Care Provider (HCP)-ordered therapeutic diets, for 2 of 4 sampled residents (Resident #4 and #5), and failed to ensure the facility's Food Service Designee (FSD) received the required food service continuing education.

The findings include:

1. During review of food service operations, the following concerns were noted:

a. During dining observations conducted at 9:15 AM, this writer asked the facility's Lead Server if Resident #4 was present. She answered "No, she eats in her is fed by her Private Duty Aide (PDA)"; she stated her breakfast had been picked up by a facility Certified Nurse Aide (CNA) earlier. She checked her diet list and stated Resident #4 was to receive pureed foods.

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In an interview conducted at 9:30 AM, CNA #2 stated she had delivered Resident #4's food to her 7:30 AM and 8:00 AM that morning. She was asked and stated the Resident was served a banana, one half of a bagel, and cream of wheat. She confirmed the banana and bagel were not pureed. She stated they would dip the bagel in coffee to soften it before eating.

Review of Resident #4's record revealed a written HCP order dated which included, "change diet to pureed". Review of a therapeutic diet list for use by dietary staff revealed it was dated and documented Resident #4 was to receive pureed foods.

b. During dining observations conducted at 9:15 AM, Resident #5 was observed drinking a glass of cranberry juice filled with ice; the consistency appeared to be regular, or thin. In an interview conducted at that time, Resident #5 and his PDA confirmed the consistency of the juice was thin, and stated he prefers thin liquids over thickened liquids, so they ask for and receive thin liquids. At that time, the Lead Server was asked to confirm the the resident's diet, she stated Resident #5 was to receive nectar-thick liquids.

Review of Resident #5's record revealed an AHCA Form 1823 (medical examination) dated that documented he has Parkinson's and functional decline, requires nectar-thick liquids, and has to be fed at times. Review of a therapeutic diet list for use by dietary staff revealed it was dated and documented Resident #5 was to receive nectar-thick liquids.

On at 11:15 AM, these concerns were discussed with and acknowledged by the Dining Service Director/food service designee, and the Assisted Living Director, a Registered Nurse.

2. During the entrance conference conducted on beginning at 9:05 AM, the facility's Administrator was asked and stated the Dining Service Director was the FSD and was responsible for the day-to-day food service in the assisted living facility (ALF). Review of his employee records conducted revealed:

a. A certificate expiring for training as a "Servsafe Food Protection Manager"; and,

b. A certificate dated for one hour of training in "Food Safety and Serving".

Further review of the FSD's records revealed no documentation showing he received the required initial and/or annual two hours of training in "Nutrition and food service in an ALF" provided by a Certified Food Manager, Licensed Dietitian, Registered Dietary Technician, or Health Department Sanitarian

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within the last year. In an interview conducted , the FSD was asked and stated he did not recall being trained in this manner. This was discussed with and acknowledged by the Administrator on 7/1/14 at 2:15 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Carlisle Palm Beach, The
450 East Ocean Avenue
Lantana, FL 33462

RE: Change of Ownership, Initial Limited Nursing Services (LNS) and Capacity Increase Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2014 by 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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/jw
Enclosure
XG90

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