STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968431	**09/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Path Of Life Assisted Living Of Palm Beach	**5800 Gun Club Road West Palm Beach, FL 33415**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Path of Life Assisted Living of Palm Beach. The facility had deficiencies found 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 follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 2 residents (Resident #1) observed during medication pass.

The findings include:

Observations on [redacted] at 12:30 PM found Resident # 1 receiving the following medication: [redacted] 2 mg. At 12:25 PM, observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA), assisted Resident # 1 with self - administration of medications. Staff A sanitized his hands, put Resident # 1's medication in a cup and gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 1. Staff A observed Resident # 1 take his medication and signed his Medication Observation Record (MOR).

During an interview with the Administrator on [redacted] at 1 PM, she was informed of the error and acknowledged the finding of Staff A not informing Resident # 1 of the name of the medication given to him.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Path Of Life Assisted Living Of Palm Beach
5800 Gun Club Road
West Palm Beach, FL 33415

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 10, 2014 by a representative 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 (30) 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 Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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