STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	12/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palm Terrace Alf	5121 East Serena Drive Tampa, FL 33617	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

Assisted Living Facility

On an abbreviated biennial survey was conducted.

Palm Terrace ALF had deficiencies at the time of the survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review the facility failed to ensure the correct procedure was followed as required during the noon med pass for 3 of (#7, #8, #9) 3 residents.

Findings Include:

On during observation of the noon medication pass it was revealed that the med tech was initialing the medication observation record as given prior to the resident receiving the medication. The med tech did not tell the resident the medication he was receiving.

On at approximately 12:10 p.m.. the med-tech sanitized his hands, removed the medication from the med cart, checked the medication against the medication observation record (MOR) , initialed the resident's MOR as given. The med-tech then took the medication that was bubble packaged, a cup of water and a soufflé cup to the residents #7 who was sitting in the dining . The medtech addressed the resident by name and told the resident it was time for her noon medication. The medtech then pushed the pills from the bubble pack into the soufflé cup and handed the cup with medication to the resident with the cup of water. The med- tech waited for the resident to swallow the pills then returned to the med cart and repeated the same process for resident # 8. When the medtech repeated the same process for resident #9 he could not find her in the dining . The medtech returned to the med cart with the unopened bubble pack and placed in the medication back in the draw , circled his initials turned over the medication observation record and wrote that the resident was not in the dining the med pass.

During an interview with the med tech on at approximately 12:30 p.m. he stated he knew he should have checked for the resident before he initialed the medication observation record.
During the exit conference with the administrator and the director of nursing it was explained that the med tech initials the MOR before the resident takes the medication and did not tell any of the resident what medication they were receiving.
The Director of nursing stated she would not have ever expected this from the employee because he is a registered nurse.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	12/03/2014
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Palm Terrace Alf	5121 East Serena Drive Tampa, FL 33617	
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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview the facility failed to ensure the planed menu for was conspicuously posted or easily available to residents prior to serving the meal.

Findings Include:

During a tour of the facility on at approximately 9:30 a.m. it was revealed the menu was posted on the wall outside the dining and listed the breakfast menu but had Chef's Choice listed for the noon meal.
There wasn't any other menu posted to allow the resident to know what was going to be served at lunch.
At approximately 11:00 a.m. during a second tour of the dining it was revealed the same menu was posted listing Chef's Choice for lunch and there was no other menu posted for the resident to know what the facility planed to serve.
At 12:15 p.m. residents were observed eating lunch in the dining . The same menu was posted outside the ding area that listed Chef's choice and there was not any other menu posted for the residents that indicated what was being served for lunch.
Observation of the staff serving the residents lunch revealed the server would stop at the table and tell the resident what the selections were for lunch and the resident would decide at that time what they wanted to eat.
During an interview with the director of dietary on at approximately 2:00 p.m.. it was stated he did not post the menu and did not have a menu at the table for the resident to review on the two days of the week that listed Chef's choice. The dietary director confirmed the servers told the residents what they were serving at the time of the meal. The dietary director stated he never really thought about posting it but would plan on doing so from now on.
The dietary direct stated he would also add the meal to the substitution log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palm Terrace Alf
5121 East Serena Drive
Tampa, FL 33617

Dear Administrator:

This letter reports the findings of a biennial 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 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
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Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida