| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967189 | 12/31/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Princeton Village Of Palm Coast | 100 Magnolia Traceway Palm Coast, FL 32164 | |
| 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:**

**0000-Initial Comments**
An unannounced licensure complaint survey, CCR #2014011266, was conducted on , 2014. Princeton Village of Palm Coast had deficiencies found at the time of the visit.

**0054-Medication - Records 58A-5.0185(5) FAC**
Based on record review and staff interview, the facility failed to maintain an accurate daily medication observation record for 1 of 5 sampled residents, Resident #4.

The findings include:

Observation of the 2014 Medication Observation Record (MOR) for Resident #4 revealed multiple days when medications were not signed for as given, offered or refused. The resident was diagnosed as a and received daily and was to have sugar checks four times a day at 6 a.m., 11:30 a.m., 4:30 p.m., and 9 p.m.. On , the sugars were not recorded at 4:30 p.m. and 9 p.m. On , the sugars were not recorded at 4:30 p.m. and 9 p.m. The sugars were also not recorded on at 4:30 p.m. and 9 p.m. On , the sugar was not recorded at 9 p.m. The MOR was blank on all of these occasions. On at 6 a.m. , the MOR was blank. On the back of the MOR on this date at 6:30 a.m. documentation revealed that the sugar was decreased to 22.

The Resident Service Director on at 11 a.m. confirmed that the MOR had missing documentation for sugar checks on the above dates.

Class III

**093-Food Service - Dietary Standards 58A-5.020(2) FAC**
Based on record review and staff interview, the facility failed to provide a therapeutic diet for 1 of 5 sampled residents, Resident #3.

The findings include:

Resident #3 was admitted to the facility on and discharged on . His Health Assessment revealed he had a diagnoses of celiac , chronic kidney , and His weight was 148 lbs. He was independent with eating and was on a free diet soft foods. The facility had a Diet Sheet dated revealing free diet, no pasta, no bread, no sauces, and no breaded foods.

Resident #3's record revealed a nurse's note. Writer (Memory Care Director and Licensed Practical Nurse) became aware of resident losing 15 since admission after the residents family reported the loss to the

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facility. The writer wrote that they began looking into what diet Resident #3 had been receiving. After speaking with the Food Service Director, the writer realized sandwich meats being offered were not free. The writer spoke with the Executive Director went to the grocery store and bought Resident #3 free sandwich meats and cheese as well as other free alternatives.

Interview with the previous Memory Care Director, Employee A, was conducted on at 1 pm over the telephone. She stated that when Resident #3 returned with his wife from doctor, she stated that he had lost 15 lbs. Employee A began looking into the weight loss and reported that she was concerned that he might have celiac instead of just a She stated that since Resident #3's admission, the staff had just been eliminating breads and pasta from his diet but his was more complicated. She reported that she did not realize that the facility sandwich meats had in it. She reported that she had heard that the grocery store had deli meats that had no in them, so she went and purchased many free items for Resident #3.

The Food Service Director was interviewed on at 1:15 p.m. When asked if the facility had a free menu and evidence that the Resident# 3 was served free items during his stay at the facility, he stated he did not have a free menu (or evidence of free menu) and had only been employed here since 2014 (after Resident #3 was no longer at the facility). He reported that at the time of survey, no one else was on a free diet .

On at 1:20 p.m., the Executive Director was interviewed. She stated she was very concerned over Resident #3 not being provided a free diet. She reported that the lack of a free diet was one of the reasons why the Memory Care Director got a demotion. Resident #3 was in her Unit and once they found out the resident was given items, they immediately went to the local grocery store to purchase free items. The Executive Director produced a receipt for 2014 for items for Resident #3 which was charged to the wife. The Executive Director could not produce evidence that free items were purchase in or of 2014. The Executive Director stated she did not notify the Registered Dietician to discuss additional menus needed for special diets. She could not produce documentation that they instituted new policies to ensure that future residents with special diets would have their needs accommodated.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Princeton Village Of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

**RE: CCR #2014011266**

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 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 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 surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

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