STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Indigo Palms At Maitland	740 North Wymore Road Maitland, FL 32751	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0004-Licensure - Requirements-01/22/2015
0010-Admissions - Continued Residency-01/22/2015
0025-Resident Care - Supervision-01/22/2015
0030-Resident Care - Rights & Facility Procedures-01/22/2015
0053-Medication - Administration-01/22/2015
0078-Staffing Standards - Staff-01
0084-Training - Assis Self-Admin Meds & Med Mgmt-01
N276-Lns - Nursing Services-C

Revisit Repeat Tags:
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments
Revisit to Complaint investigation #2014007138 was conducted on 1/22/15. Indigo Palms at Maitland Assisted Living Facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on Medication Observation Record (MOR) review and interview the facility failed to maintain an accurate Medication Observations Records (MOR) for 5 of 11 sampled residents (#1, #3, #5, #6, and #7)

Findings:

During the review of the MOR for 2015 for #1, #3, #5, #6, and #7 all who received assistance with the self-administration of medication, revealed there were blank spaces and Dots (.) on the MOR and there were no staff initials or notations as to whether or not the residents received their medications as follows:

1. Resident #1 the MOR noted 25 MCG 1 every morning on an empty stomach at least 1/2 hour before a meal was left blank at 6 AM on through and and

2. Resident #3 the MOR noted 0.2% eye drop-Put 1 drop into both eyes every 8 hours for and was left blank at 6 AM on and and at 10 PM on

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1 mg one every evening with 2.5 mg had a dot (.) in the space on at 5 PM.
2.5 mg one every evening with 1 mg had a dot (.) in the space on at 5 PM
15 mg 1 at bedtime had a dot (.) in the spaces on through and was left blank on at 8 PM.
Lantanoprost 0.005 eye drops 1 at bedtime in both eyes was left blank on
80 mg one at bedtime was left blank at 8 PM on
50 mg one at bedtime had a dot (.) in the space on at 8 PM

3. Resident #5 the MOR noted 50 mg 1 three times daily had dots (.) in the spaces on 1/1, 1/2, 1/4, 1/7, 1/8, through . The spaces were left blank on and
Welchol 625 MG 3 tablets 2 times a day was left blank at 8 PM on
Hydrocod 7.5 -325 one three times daily had dots (.) in the spaces on 1/1, 1/2, 1/4, 1/7, 1/8, 1/11 through . The spaces were left blank on and 1/21.

4. Resident #6 the MOR noted 1,000 MCG 1 every morning and D 3 5,000 unit 1 every morning. Both were left blank on at 8 AM.
5 mg 1 three times daily was left blank at 6 AM on and and at 2 PM on
150 mg 1 twice daily had a dot (.) in the space on
20 MG 1 daily at 8 AM was left blank on

5. Resident #7 the MOR noted Astorvastatin 10 mg one at bedtime had Dots (.) in the spaces on and at 8 PM
2 mg one at bedtime had Dots (.) in the spaces on 1/7 through and the spaces were left blank on and

During interviews with residents #1, #5, #6, and #7 on during 4 PM and 5 PM they all stated they received their medications.

During an interview with the Administrator on at approximately 5 PM, he stated the staff had been trained on completing the MORs and he was not aware that they were not keeping the MORs up to date. He stated the residents received their medications. He further explained the Dots meant the staff had taken the medication to give to the resident. As a reminder to sign the MOR when they finished; they would put a Dot in the space, after the resident took the medication the staff was supposed to return to initial the MOR. However, after the resident took the medication the staff did not sign initial the MOR.

Class III

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0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
A 0056 remained uncorrected
Based on Medication Observation Record (MOR) review and interview the facility did not ensure every reasonable effort to ensure that prescriptions were filled or refilled in a timely manner for 1 of 11 sampled residents who received assistance with self-administration of medications (#11).

Findings:

During an interview with the Resident Care Director on at approximately 3:30 PM she stated Resident #11 received assistance with her medications. Review of the MOR for 2015 For Resident #11 revealed that there were Dots (.) in the spaces for some her medications and there was no explanation on the MOR as to whether or not the resident received her medications as follows:

D 2 1.25 MG (50,000 units -1 once a week had Dots (.) on 1/7, and HBR 20 MG 1 in the morning for had from through 25 mg 1 twice a day for had Dots (.) at 8 AM on 1/1,1/2,1/3 and 1/7 through through through on , and at 5 PM on 1/8 through through . The spaces were left blank were left blank at 8 AM on and and at 5 PM on and 1/21 and 145 mg one at bedtime had Dots (.) on 1/3 through and through and were left blank on 20 mg 1 at bedtime for had Dots (.) on 1/3 through and through and were left blank on
Wellbutrin 150 mg 1 daily for had Dots (.) from 1/1 through at 8 AM.
81 mg 1 daily had Dots (.) on 1/1 through 1/3, 1/8, 1/9, through . The space was left blank on .

During an interview with the Administrator on at approximately 4 PM, he stated the resident refused to go to her health care provider's office visits in order to get her refills for the medication.

During an interview with Resident #11 on at approximately 4:45 PM, she stated that she made all of her required Medical Appointments

The Resident Care director was asked for documentation to confirm the resident's refusal to go to the office visits and the attempts made by the facility to assist the resident in getting her medication refilled.

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During an interview with the Resident Care Director on [redacted] at approximately 5:15 PM, she stated there was no documentation available for review that the resident had refused to go to her health care provider's appointments and that the facility had made a reasonable effort to ensure that prescriptions were filled in a timely manner.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: Revisit to CCR#2014007138

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 22, 2015, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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