STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963914	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Court At Palm Aire (the)	2701 North Course Drive Pompano Beach, FL 33069	
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at The Court at Palm Aire. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview, the facility failed to maintain accurate Medication Observation Records (MORs), for 6 out of 10 residents (Resident #3, #4, #15 and #18).

The findings include:

A) During review of the MOR for 2015 on at 9:40 AM on the fourth floor, the following discrepancies were noted.

1) Review of Resident #3's MOR revealed the resident was to receive the following medications: 100 mg tablet (8 AM); 40 mg (8 AM); M20 20 MEQ tablet (8 AM); 10 mg tablet (8 AM) and VIIDRYD 20 mg tablet (8 AM). Further review revealed the above medications had no documentation (no signature) on the MOR indicating the medication had be given (medication assistance) to the resident as physician prescribed.

2) Review of Resident #4's MOR revealed the resident was to receive the following medications: 100 mg capsule (8 AM); CL ER 10 MEQ tablet (8 AM); Torsemide 5 mg tablet (8 AM) and 625 mg/5ml (8 AM); 600 mg/400+D tab (8 AM) and 4 mg tablet (8 AM). Further review revealed the above medications had no documentation (no signature) on the MOR indicating the medication had be given (medication assistance) to the resident as physician prescribed.

3) Review of Resident #18's MOR revealed the resident was to receive the following medications:

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81 mg tablet Chewable (8 AM); 5 mg tablet (8 AM); and Ta-A-Vite Tablet (8 AM). Further review revealed the above medications had no documentation (no signature) on the MOR indicating the medication had be given (medication assistance) to the resident as physician prescribed.

During a follow-up interview with Staff B (a MedTech) at 9:45 AM on , she acknowledged aforementioned. She also stated that the medications had been provided to the residents and that she had forgotten to sign the sign.

B) During review of the MOR for 2015 on at 9:54 AM on the fourth floor, the following discrepancies were noted.

1) Review of Resident #15's MOR revealed the resident was to receive the following medication: Sucralfate 1 GM tablet at 8 AM, 1 PM, 5 PM and 9 PM. Further review revealed this medication was already signed for the 1 PM dosage (signed 5 hours ahead of schedule time of 1:00 PM dosage).

During a follow- up interview with Staff D (the Med Tech) on at 9:58 AM, she acknowledged aforementioned and provided no additional information.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the assisted living facility failed to ensure that 1 out of 2 (Resident # 9) sampled residents' records reviewed who receive assistance with self-administration by unlicensed staff have a completed consent form within the resident's file.

Findings Include:

On , a record review of Resident # 9's revealed she was admitted to the facility on . Observations on found unlicensed staff assisting Resident # 9 with self administration of medications. Review of Resident # 9's record revealed the file lacked an informed consent form indicating that an unlicensed staff member will assist with medications.

During an interview with the Administrator on at approximately 12:20 PM, she stated the

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consent for unlicensed staff to assist with medications was given and signed by Resident # 9's power of attorney (POA). After looking through Resident # 9's file, she stated she was unable to locate it and stated it was given Resident # 9's POA.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Court At Palm Aire (The)
2701 North Course Drive
Pompano Beach, FL 33069

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2015 and . 2015 by representatives 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 representatives. 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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