RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Putnam Caregivers LLC
110 Roberts Court
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 (386) 462-6201.

Sincerely,

Kristel J. Mannella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967581	07/11/2015
NAME OF PROVIDER OR SUPPLIER **PUTNAM CAREGIVERS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ROBERTS COURT** **PALATKA, FL 32177**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial Survey was conducted on 2015 at Putnam Caregivers, LLC, 110 Roberts Court, Palatka, FL. The facility was not in compliance with 58A-5, FAC and Chapter 429, ... I, F.S. at the time of the visit.

0010 Admissions - Continued Residencv

Based on interview and record review, the facility failed to ensure that 1 of 3 residents (Resident #2), had a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), signed and dated by a healthcare provider, within 3 years of the prior health assessment, confirming the need and appropriateness of continued residency in an Assisted Living Facility.

Findings:

Review of Resident #2's medical record showed admission date of . Review of Resident #2's Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) showed that page #4 of the form, containing the healthcare provider's signature and date, was missing. The fax post date on the top left of the form showed a post date and time of 11:54.

An interview was conducted on , 2015 at 10:01 AM with the Administrator. He confirmed that page #4 of Resident #2's Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), containing the healthcare provider's signature and date, was missing. He stated Resident #2 underwent a health assessment in 2014, and he showed the fax post date and time of 11:54 on the top left of the form.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to ensure that a licensed practical nurse or registered nurse, assisted with self-administration of an as needed pain medication to 1 of 3 residents (Resident #3).

Findings:

An observation was conducted on 2015 at 10:45 AM of Resident Care Aide (Staff A) assisting Resident #3 with self-administration of medication. Staff A was observed to retrieve pill from bottle with

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label for 50 mg x 1 as needed, and give the pill with a cup of water to Resident #3.

An interview was conducted on 2015 at 10:48 AM with Staff A. She stated she is not a licensed practical nurse or registered nurse. She stated she is a resident care aide. She stated Resident #3 requested the pain medication. She stated she did not determine that Resident #3 needed the pain medication.

An interview was conducted on 2015 at 10:50 AM with the Administrator. He stated Resident #3 asks for the pain medication. He stated Staff A is a resident care aide, she is not a licensed practical nurse or registered nurse. He stated Staff A does not make the decision that Resident #3 is in need of pain medication.

Review of Resident #3's Medication Observation Record (MOR) showed for the month of 2015 50 mg x 1 as needed, initialed on 2015. Review of 2015 physician's order for Resident #3, by center physician, showed an order for 50 mg PRN for pain.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that 1 of 3 staff (Staff C), the Administrator, had documentation of an annual negative examination.

Findings:

Review of Staff C's employee record showed no documentation of a negative examination within the past 12 months.

An interview was conducted on 2015 at 10:02 AM with the Administrator (Staff C). He confirmed that there is no documentation of a negative examination for himself within the past 12 months. He stated he has had the scan done within the past year.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure that 2 of 3 staff (Staff A and B)

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received Training within 30 days after being hired.

Findings:

Review of Staff A's employee record showed a hire date of 2014. Further review of Staff A's employee record showed no documentation of Training.

Review of Staff B's employee record showed a hire date of 2014. Further review of Staff B's employee record showed no documentation of Training.

An interview was conducted on 2015 at 9:31 AM with the Administrator. He confirmed that there is no documentation of Training in Staff A's employee record. He stated Staff A does not recall receiving the Training.

An interview was conducted on 2015 at 9:45 AM with the Administrator. He stated he believes that Staff B received the Training, but confirmed that there is no documentation of Training in Staff B's employee record.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to ensure that the therapeutic diet, diet, was followed for 1 of 3 residents (Resident #3).

Findings:

An observation was conducted on 2015 at 11:48 AM of the facility's lunch meal. Resident #3 was observed to be served a hot dog on a as part of the lunch meal. Resident #3 was observed to eat the hot dog.

Review of Resident #3's Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) showed examination date of 2015, diagnosis of , and Special Diet Instructions of . Further review of Resident #3's medical record showed that he is receiving treatments on Mondays, Wednesdays, and Fridays at Davita Palatka . Resident #3's medical record contained a list of foods allowed and not allowed for someone on a diet, provided by Davita Healthcare Partner, Inc. Noted on the list under meats and protein foods is "NO hotdogs."

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An interview was conducted on , 2015 at 1:05 PM with the Administrator. He confirmed that Resident #3 is a patient. He stated that Resident #3 was served a hot dog for lunch, which he ate. He showed the facility's Registered Dietician's menu addendum, which addressed diet for patients, which stated in part: "Restrict salt and rich food."

An interview was conducted on , 2015 at 1:08 PM with the facility's Registered Dietician. She stated the resident who is on should have a diet that is low in salt. She stated it was absolutely not right that Resident #3 was served a hot dog for lunch. She stated the facility staff needs to be educated on this.

An interview was conducted on , 2015 at 1:28 PM with the Administrator. He stated the facility did not offer Resident #3 a substitute for the hot dog that he was served at lunch.

An interview was conducted on , 2015 at 1:34 PM with Resident #3. He stated he goes to on Monday, Wednesday and Friday. He stated he is not really on a special diet. He stated he had a hot dog for lunch. He stated the facility did not offer him an alternative for the hot dog.

Class III