AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968506	07/20/2015
NAME OF PROVIDER OR SUPPLIER **BRADENTON PALMS ALF I**	STREET ADDRESS, CITY, STATE, ZIP CODE **802 71ST ST NW** **BRADENTON, FL 34209**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

Bradenton Palms ALF I, assisted living facility, had deficiencies identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility did not adhere to all required procedures involved in the assistance with medication self-administration process described in Section 429.256 (3), F.S. with respect to two of two residents (#2; 5) who were observed receiving their noon time pharmaceuticals, as well as during random resident interviews.

Findings include:

At approximately 12:15pm on the caregiver was observed documenting on the medication observation record (MOR) that she had already seen Resident #5 consume his noon prior to giving it to him. After placing the tablet into a small plastic cup, the staff person was then noted handing the cup to Resident #5 without stating anything--either reading the label or telling the resident what the drug was. At approximately 12:25pm, the staff member documented in the MOR that she had given and witnessed the consumption of Resident #2's . After placing the medication in a plastic cup, she went into Resident #2's stated, "I have your 12 o'clock med!" Again, the staff person failed to read the label or explain to the resident specifically what the drug was.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of one newly hired staff (D) sampled had not obtained a written statement from a health care provider, verifying that this individual was free from signs and symptoms of communicable , based on an examination no earlier than 6 months prior to issuance of this statement.

Findings include:

A review of personnel records during the biennial survey found that Staff D, hired , had no

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documentation from a health care provider attesting to his freedom from signs/symptoms from communicable . . . . . Interview with the administrator at approximately 1:10pm on . . confirmed that no such evaluation of Staff D had been conducted .

Class III

0081 Training - Staff In-Service

Based on record review and interview, two of two caregiver staff sampled (C; D) who had been employed at least 30 days had not received all required training.

Findings include:

Although review of personnel files during the . . . inspection revealed that Staff C and D, hired . . . and , respectively, had documentation confirming they had received training in reporting major and adverse incidents, further review of their records found no documented evidence that they had been trained in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Interview with facility administration at approximately 2pm on . . . . verified that neither employee had any formal documentation to this effect available for inspection.

Class III

0167 Resident Contracts

Based on record review and interview, the contract for one of two residents sampled (#3) did not contain all required provisions.

Findings include:

A review of resident records revealed that the contract for Resident #3 (admitted had the following problems: a) it stated that the resident/their responsible party had only 7 days to respond to any refund reduction . . . . . by the facility upon departure of the resident; and b) it stipulated that 45 days written notice of termination were required from the resident. However, neither of these conditions are true: a) the resident shall be provided at least 14 days to respond to a refund claim and b) the resident shall not be required to provide more than 30 days notice of termination. Interview with the administrator at approximately 1:45pm on . . . . confirmed that these provisions had not been amended.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Bradenton Palms ALF I
802 71st St Nw
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 2015, 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send 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(s). Should you have any questions please call **Paul Brown, HFES,** at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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