STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	07/10/2015
NAME OF PROVIDER OR SUPPLIER **PALM TERRACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5121 EAST SERENA DRIVE** **TAMPA, FL 33617**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2015004036, was conducted on .

Palm Terrace, Assisted Living Facility, had a deficiency at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based upon observation ,record review and interview, staff did not follow the required process during the noon medication pass, for 1 (#1) of 2 residents observed.

Findings include:

During observation on of the noon medication pass for resident (#1) the staff F assisted the residents completely by administering medications to the Resident without any assistance demonstrated by Resident #1.

A review of the 2015 medication record for Resident #1 revealed the following medications were administered to resident #1 during the noon medication pass on . MAPAP 500 MG TABLET. 'Medication Observation Record' reads take 1 tablet by mouth three times a day. - MG, take one tablet my mouth three times a day.

During an interview with the medication tech (Staff F),he confirmed he administered medications by spoon without the Resident contributing to the administering of medications. Staff F confirms, " Sometimes the strategy for assisting with medications is not successful with administering medications to resident #1, therefore I have to place the spoon directly in her mouth without resident #1 assistance often." Staff F confirms he administered medications to Resident #1 without any assistance on varies occasion.

During an interview with the facility Administrator on / , The Administrator confirmed findings. The Administrator states, the facility will come up with new interventions for assisting Resident #1 with self-administrator of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palm Terrace ALF
5121 East Serena Drive
Tampa, FL 33617

RE: CCR# 2015004036

Dear Administrator:

This letter reports the findings of a complaint 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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