STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	11/24/2015
NAME OF PROVIDER OR SUPPLIER **PARADISE CARE COTTAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2277 S.E. LENNARD ROAD** **PORT SAINT LUCIE, FL 34952**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 24, 2015 at Paradise Care Cottage. The facility had deficiencies at the time of the visit.

0054 Medication - Records

Based on record review and interviews, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date, for 4 out of 5 sampled residents (Residents #11, #13, #14 and #15).

The findings include:

Review of the 2015 MORs at 11:00 AM on / for Residents #11, #13, #14 and #15 revealed the following omissions:

a) Resident #11
1) 50,000 IU capsule-not documented as given for 8:00 AM dose on /

b) Resident #13
2) 81mg tablet-not documented as given for 8:00 AM dose on / /
3) 100mg tablet-not documented as given for 8:00 AM dose on / / and /
4) C 500mg tablet-not documented as given for 12:00 PM dose on / / and /
5) 25mg tablet-not documented as given for 8:00 AM and 8:00 PM doses on / / and /

c) Resident #14
1) 600mg tablet-not documented as given for 8:00 PM dose on /
2) 50mg tablet-not documented as given for 9:00 PM dose on /
3) 10mg tablet-not documented as given for 8:00 PM dose on /

d) Resident #15
1) 300mg tablet-not documented as given for 8:00 AM dose on /
2) 0.5% eye drops-not documented as given for 8:00 PM dose on / / and /

During review of the medications and interviews with the assistant administrator and Staff G at 11:30 AM on /, they both confirmed that the medication was given to the residents but not documented on

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the 2015 MORs as required. No additional information was provided at this time.

Class III

0081 Training - Staff In-Service

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff members (Staff A) had received in-service training regarding the facility 's resident elopement response policies and procedures within thirty (30) days of employment.

The findings include:

Review of the personnel file for Staff A revealed there was no documentation of in-service training regarding the facility 's resident elopement response policies and procedures within thirty (30) days of employment. Staff A was hired on / / and had a certificate showing the training was completed on / /. The assistant administrator was interviewed at 1:15 PM on / / and confirmed that the documentation to show the training was completed within 30 days of hire was not present and available for review. No additional documentation was presented at this time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . , 2015

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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