AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968602	12/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALLADIUM ASSISTED LIVING FACILITY	**343 4TH AVENUE NORTH SAINT PETERSBURG, FL 33701**

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

0000 Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Palladium Assisted Living Facility. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility contract contained improper verbiage regarding a condition when a 45-day notice of discharge was not required with respect to two of two residents sampled (#6;7). Findings include:

A review of the residency agreements for both Residents #6 and 7 during the inspection found contracts indicating that "the 45-day notice requirement was not necessary with respect to non-payment of the agreed upon rate, as long as there had been a written reminder." Such a condition is not the case; non-payment of /board would also under the normal 45-day notice. Interview with the designee at 2:15pm on provided no clarification.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, one of one staff observed did not follow all protocols with respect to 2 of 2 residents sampled (#1; 4) regarding assisting residents with medication self-administration. Findings include:

Observation of Staff C from between approximately 12:30pm to 12:50pm on revealed the following:
a) Staff C was noted to place a tablet of in a small plastic cup, bring the cup to Resident #1 and once she was able to get his attention, she turned and walked away--proceeding to document in the medication observation record (MOR) that Resident #1 had taken the 12 noon drug.
b) Staff C was noted to place a tablet of in a small plastic cup and then bring this to the table where Resident #4 was seated. Upon getting her attention that her medication was there, the staff person began to turn away and head back to the medication cabinet/MOR to document that the resident took her noon time medications.

In neither case did Staff C 1) read the pharmacy label of the medication to the resident or tell the

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resident what the medication was/what it was for, and 2) stay and actually observe the resident consume the medication. Interview with the designee at 2pm on provided no explanation for these errors.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of three staff sampled (B) had not had their ( ) status updated on an annual basis. Findings include:

A personnel file review during the survey indicated that the latest statement for Staff B (hired) was from / . . Interview with Staff B at 1:30pm on / provided no clarification.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, one of three staff sampled (B) who assisted residents with medication self-administration did not have the 4 hour training. Findings include:

Interview with Staff B at 11:40am on / indicated that she assisted residents with their medication self-administration as a part of her duties and had all the required medication training. Review of Staff B's personnel file found no documented evidence of medication training--either the 4 hour or 2 hour update. Interview with Staff B at 1:15pm on provided no explanation.

Class III

0162 Records - Resident

Based on record review and interview, some records were unavailable for inspection with respect to two of two residents sampled (#6; 7). Findings include:

Resident record review during the . . / . inspection indicated that Resident #6 was admitted / . However, no weight records could be located for this individual. In addition, Resident #7's contract was signed by another party." Interview with the designee at 1pm on revealed that this individual was the POA for Resident #7. However, further review of the record found no official written designation of the power of attorney.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palladium Assisted Living Facility
343 4th Avenue North
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a beinnial 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 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 , 2016.** 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/clt
Enclosure: State (5000-3547) Form,

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com