STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	01/05/2016
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 Initial Comments

Re-licensure Survey with Limited Nursing Services was conducted on I/ / . Indigo Palms at Maitland Assisted Living Facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted with self-administration of medications followed the correct procedure for 2 of 17 sampled residents (#6 and #17).
Findings:
Observations during the medication pass on I/ at 1 PM noted that staff, who identified herself as a "med tech", checked the Medication Observation Record (MOR) for 2 PM medications. She washed her hands. Retrieved a bubble pack from the medication cart, for resident #17 and put a pill in a cup. She started to put the bubble pack away. The Agency representative asked to see the bubble pack and returned it to the staff. The staff returned the bubble pack to the medication cart. The resident stood by the door to his . She told the resident "This is your ." She observed the resident take the medications and signed the MOR.
In an interview with the Administrator on I/ at 3 PM, who offered no comment.
During the tour on I/ at 10:45 AM, resident#6 was observed sitting in her a wheel chair. Observed on the table next to her was 7 pills in a small cup. Resident #6 stated on I/ at 10:45 AM the staff brought her pills and applesauce and left them for her to take and she forgot to take them. She stated she ate the applesauce without the pills. Review of the Medication Observation Record (MOR) for resident #6 revealed the MOR was signed for all of the Medications at 8 AM. On I/ At 11:15 AM the surveyor returned to the . Resident#6 stated at the time she went ahead and took the pills with some juice.
During an interview with Staff H on I/ at 12 PM. She stated she left the pills in the the resident because resident #6 asked her to or she would not take them. She stated this was the first time she had done something like that.
Record review for resident #6 revealed a Resident Health Assessment form 1823 dated that noted she required assistance with the self-administration of medication.
Staff H did not follow the proper steps and did not observe Resident #6 take the medication. Staff H signed the MOR without knowing whether the Resident had taken the medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: Relicensure with Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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