AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	02/17/2016
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

Two complaint investigations (CCR# 2015012375 and CCR# 2015012458) were conducted at Palm Terrace Assisted Living Facility & Adult Daycare Center on . Palm Terrace Assisted Living Facility & Adult Daycare Center had deficiencies at the time of the visit.

0054 Medication - Records

Based on interview and record review, the facility failed to maintain accurate medication observation records (MORs) for 2(Resident #2 and #3) of 3 MORs reviewed.

Findings included:

A medication review was conducted on .

During a review of the MORs for Resident #2, it was discovered that the records lacked documentation for the following orders:
1. - 1,000 MCG Tab-- Take one tablet by mouth once daily: MORs showed blanks for dosages on / and / .
2. Tab 100 MG- Take one tablet by mouth once daily: MORs showed a blank for the dosage on / / .
3. Tab 20 MG- Take one tablet by mouth once daily: MORs showed a blank for dosage on / .
4. Tab 25 MG- Take one tablet by mouth twice daily: MORs showed a blank for 8 AM dosage on .

During a review of the MORs for Resident #3, it was discovered that the records lacked documentation for the following orders:
1. Tab 3.125 MG- Take one tablet by mouth twice daily: MORs showed a blank for 8 AM dosage on .
2. Tab 5 MG- Take one tablet by mouth once daily: MORs showed a blank for dosage.
3. Tab 25 MG- Take one tablet by mouth every night at bedtime: The MORs showed blanks for dosage from / - / .
A review of the MORs for Resident #2 and #3 showed no indication as to why there was no documentation of the dosages being given.

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SUMMARY STATEMENT OF DEFICIENCIES
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The resident care director was interviewed at 4:30 PM on and asked to review the MORs for Resident #2 and #3. The resident care director reviewed the MORs and stated that she was not sure why the med techs didn't sign for medications that were given. She stated that she will meet with all the med techs.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, the facility failed to provide proof of an initial 4 hour training in providing assistance with self-administered medications (Med Tech Training) for 1(Med Tech A) of 3 employee records reviewed.

Findings included:

During an employee record review conducted on , it was discovered that Med Tech A's file (date of hire) did not contain proof of Med Tech Training.

An interview was conducted with the administrator at 7:06 PM on and he was asked to show proof of Med Tech Training for Med Tech A. After reviewing Med Tech A's record, he acknowledged that it wasn't there and stated that she's supposed to be bringing in the training certificate.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR# 2015012375

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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 Cautman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547