AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	04/04/2016
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

A Complaint investigation #2016000689 was conducted on . Indigo Palms at Maitland had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a new 1823 Health Assessment form for 1 of 5 sampled residents who had a significant change (#2); and the facility failed to clarify documentation for 1 of 5 sampled residents of the type of assistance needed for medication administration on the 1823 Health Assessment form (#4).

Findings:

1. Resident 2's record review revealed a significant change occurred on / that the resident was admitted to Hospice care and no new updated 1823 Health Assessment form was found in the record.

During an interview on at 5:30 PM with the administrator who stated he was not aware that a new 823 Health Assessment form was not completed for resident #2's significant change.

2. Resident 4's record review revealed there was a discrepancy of medication assistance. On page 1 of the 1823 Health Assessment form documented medication administration, however on page 5 documents resident needs assistance with self-administration of medications.

During an interview on at 5:30 PM with the administrator who confirmed the discrepancy of the information on the Health Assessment relating to medication assistance for resident #4.

Class III

0054 Medication - Records

Based on resident Medication Observation Record (MORs) review and interview the facility failed to ensure that 1 of 2 sampled residents (#6) medication was administered at the appropriate time and documented.

Findings:

An observation on at 5:10 PM for resident #6 medication pass with staff H who worked the

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second shift (3PM PM to 11 PM) discovered that the medication (. ..... 40 mg) for resident #6 was not initialed on the Medication Observation Record (MORs) by the first shift (&AM to 3 PM).

During an interview on at 5:30 PM with the administrator who provided no statement.

Interview on at 5:35 PM with the Director of Wellness confirmed that resident #6 was not available and in the facility for the 1st shift medication pass.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016000689

Dear Administrator:

This letter reports the findings of a state licensure complaint 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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