STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	08/09/2016
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 (CCR 2016005364, 5593, 5420 and 6550) was conducted at Indigo Palms at Maitland (license #10704) on . Indigo Palms at Maitland had deficiencies at the time of the investigation.

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to ensure it provided care and services appropriate to the needs of 2 of 6 sampled residents (#3 & #6) and did not follow healthcare provider's order for medications.
Findings:
Observations on at 12 PM, staff K assisted resident # 6 with self-administration of medications. She brought the medication to the resident's . She informed the resident she was to apply Voltaren gel to the right hip. She wore gloves. She then squeezed some gel to the right hip directly from the medication tube. The prescription label indicated Voltaren gel 4 grams (gm) to right hip 4 times daily
In an interview on at 12:10 PM, staff K said she did not measure the amount of gel to be applied because through the years she has learned to eyeball it and the little measuring stick was missing.
Resident record review for resident #6 revealed a health assessment report dated / that listed diagnoses of Accident, , . She required assistance with self-administration of medications. An order dated indicated Voltaren gel 4 grams (gm) to right knee in addition to right hip. The 2016 MOR did not list Voltaren gel 4 gm to the right knee. The review revealed no evidence that a healthcare provider had given an order to discontinue the use of the medication.
During an interview with the administrator on at 7 PM, he said there was no order to discontinue the medication to the right knee and stated he was sure the resident got her medication correctly; she was his grandmother.
The staff did not measure the prescribed amount of Voltaren gel to the hip, there was no way to confirm she received the prescribed amount.
Record Review for Resident #3 revealed an order dated for Voltaren gel 1%, apply to right , at bedtime. The MORs for & 2016 were not produced. Review of the MOR for 2016, there was a line drawn through the dates of 1-27 and 28-31 were blank.
According to the MORs for and 2016, Voltaren gel was not applied on any dates. There was no explanation and no signatures for , or . In 2016, the MOR noted Voltaren 1% was applied every day at bedtime.
In an interview with Staff L on at 4:35 pm, she confirmed the MOR was not filled out on any of the dates indicated, and she could not confirm that the medication was given. She said she did not have an

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explanation.

Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 6 sampled residents (#5) with self-administration of medications followed the correct procedure.
Findings:
Observations on at 12 PM, staff K assisted resident #6 with self-administration of medications. She brought the medication to the resident's . She informed the resident she was to apply Voltaren gel to the right hip. She wore gloves. She then squeezed some gel to the right hip directly from the medication tube.
In an interview on at 12:10 PM, staff K said she did not measure the amount of gel to be applied because through the years she has learned to eyeball it and the little measuring stick was missing. She did not measure the prescribed amount of medication.

In an interview with the administrator on at 3 PM, who offered no comment.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005593

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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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