STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	08/04/2016
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

Complaint investigation #32016006550, #2016005364, #2016005420 and #2016005593 was conducted at Indigo Palms at Maitland license # 10704. Indigo Palms at Maitland had deficiencies at the time of the investigation.

0054 Medication - Records

Based on record review and interview the facility did not ensure it keep an up to date Medication Observation Record (MOR) for 3 of 6 sampled residents (#4, #5, and #6).

Findings:

Resident record review for resident #5 revealed a health assessment report form 1823 dated that listed diagnoses of , anorexia and weight loss. Assistance was needed with self-administration of medications. An order not dated indicated 2.5 milligrams daily. The 2016 MOR listed 2.5 milligrams (mg) daily and was blank on / , and . There were no notations on the back page of the MOR that indicated why those dates were blank. During an interview on at 6 PM, with the administrator there was no comment.

Record Review for Resident #4 revealed the Medication Observation Record (MOR) for had dots in the spaces where staff initials were to be documented when medications were given and there was no explanation on the MOR that indicated what the dots meant and whether or not the resident received his medications as follows:

25 Milligrams (mg) one a day at 8 PM had dots in the spaces on through

10 mg (1/2) 5 mg- two times a day had a dot at 8 PM on .

On at 3 PM, the administrator reviewed the MOR and confirmed the findings.

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. Order dated indicated / mg tablets twice a day as needed for pain. An order dated indicated Voltaire gel to right knee in addition to right hip.

Review of the sign out sheet dated 2016 for / mg tablets

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revealed that on at 8 PM 1 pill was taken and 24 pills remained available. On / sheet indicated that 23 pills were available (24 should have been available) and 1 was used, therefore 22 pills were available (23 should have been available). Resident record review that included the MOR for 2016 revealed no evidence to confirm what happened to the 1 pill that was unaccounted for.
Continued review of her 2016 MOR showed a listing for Voltaren gel 4 grams to right hip four times per day and was blank, was not signed as being given on / at 5 AM, at 5 AM, at 5 AM. There was no documentation on the MOR to indicate the reason for the omission.
During an interview on at 7 PM, with the administrator who said was unable to provide an explanation for the discrepancy, but the resident was his grandmother and he knew she was getting her medications.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016006550

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com