STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	R 04/05/2018
NAME OF PROVIDER OR SUPPLIER **PALMS OF LONGWOOD (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE** **LONGWOOD, FL 32750**	

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

0000 - Initial Comments

A revisit to a biennial re-licensure survey was conducted on , , 2018. Cornerstone Longwood Leasing, LLC, license #5315, had deficiencies at the time of the revisit.

0053 - Medication - Administration - 58A-5.0185(4) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to obtain an order from a health care provider for a resident (#17) who received medication administration.

Findings:

Review of the , 2018 Medication Administration Record (MAR) for resident #17 revealed an entry for three times a day before meals. Numbers that were indicative of the results obtained from the were documented on the MAR between and .

Review of resident #17's record revealed no documentation to indicate a health care provider gave an order to perform on the resident.

On at 2:30 pm, the wellness director said she was unable to locate an order from a health care provider in the resident's record.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 1 of 2 sampled residents (#18).

Findings:

Review of the 2018 MOR for resident #18 revealed an entry for , , 125 milligram (mg) oral delayed release capsule, sprinkle one capsule in food or drink three times a day. The

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PALMS OF LONGWOOD (THE)	**480 EAST CHURCH AVENUE LONGWOOD, FL 32750**

SUMMARY STATEMENT OF DEFICIENCIES
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initials to indicate the medication was given were circled from through . The MOR contained no documentation to indicate why the initials were circled.

On at 2:30 pm, the wellness director confirmed the findings.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on review of a medication container, record reviews, and interview, the facility failed to ensure a medication container was properly labeled for a resident (#12) who received assistance with self-administered medications.

Findings:

Review of a medication container for resident #12 revealed a prescription label that indicated the medication was 90 micrograms (mcg) 200 D oral inhaler and the instructions were to take 2 puffs orally every four hours as needed for .

Review of the , 2018 Medication Observation Record (MOR) for resident #12 revealed an entry for 90 mcg 200 D oral inhaler, 2 puffs orally four times a day at 8 am, 12 pm, 4 pm, and 8 pm.

Review of the record for resident #12 revealed a health care provider's order, dated on , for HFA (brand name for ,) 2 puffs four times a day for .

The inhaler container did not contain an alert label or revised label from the pharmacist to direct staff to examine the revised directions for use in the MOR, as required.

A health assessment form 1823, dated on , indicated resident #12 required assistance with self-administration of his medications.

On at 10:15 am, caregiver G confirmed the findings.

Class III

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NAME OF PROVIDER OR SUPPLIER **PALMS OF LONGWOOD (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE** **LONGWOOD, FL 32750**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

DEFICIENCY REMAINED UNCORRECTED

Based on review of the facility's background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 3 of 4 sampled staff (C, D, and E) within 10 business days of a change.

Findings:

Personnel record reviews revealed caregiver C was hired on , caregiver D was hired on , and caregiver E was hired on .

On at 9:50 am, an online review of the facility's background clearinghouse employee roster was conducted. Caregivers C, D, and E were not listed, as required.

On at 12:30 pm, the business office manager confirmed the findings.

Unclassified