STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	**07/19/2018**
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

A complaint investigation (CCR 2018007033) was conducted at Palm Terrace Assisted Living and Adult Day Care on . Palm Terrace Assisted Living and Adult Day Care had deficiencies at the time of the investigation.

(License #10256)

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

Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were immediately updated each time a medication was offered, with notations of any missed dosages or refusals to take medication a prescribed for two (Resident #1 and Resident #2) of two residents sampled.

Findings included:

A review of MORs was conducted on . A review of Resident #1's MORs for , 2018 showed that there were blank notations for 11 medications that were prescribed for 8 AM on (copies obtained).

A review of , MORs for Resident #2 showed blank notations for 8 medications due at 8 AM on and 2 blanks for medications due at 12 PM on (copies obtained).

An interview was conducted with the Resident Care Manager at 2:50 PM on concerning the lack of documentation on the MORs for Resident #1 and Resident #2. The Resident Care Manager reviewed the MORs and stated that they could not explain the blank documentation concerning assisting with self-administered medication.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that records for residents that had appointments of a power of attorney (POA) were maintained on the premises for one (Resident #1) of

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

three residents sampled.

Findings included:

A review of records for residents that were identified by the facility as having a POA was conducted on . . . . A review of Resident #1's record showed no proof of a POA document.

An interview was conducted with the Administrator at 3:06 PM on . . . . concerning the lack of a POA document in Resident #1's record. The Administrator was not able to provide the POA document at that time.

Class III