STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968618	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **PAMPERED PARENTS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 SETON CT** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

On 9/6- . . . . a complaint survey (CCR #2018012791) was conducted with an Emergency Power Plan monitoring and at Pampered Parents ALF (Lic #12487). At the time of the survey deficient practice was found.

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

Based on observation and interview and review of records, the facility failed to record and update the Medication Observation Records (MORs) for 2 of 2 sampled residents (Residents #1 and #2) who were assisted with self-administration of medication.

The findings include:

On . . . . . a review of Staff A's training records revealed that assistance with self-administration of medication training was received on .

At 1:06pm on , an observation was made of Staff A assisting Resident #1 with medications. Staff A washed hands and put on gloves, then took out medication while verbalizing what the pills were. Staff A popped the medication from pill package into a glass cup sitting on the table in front of Resident #1 then proceeded to document on the Medication Observation Record (MORS) that Resident #1 had taken the medication. Following this documentation, Staff A then turn and asked Resident #1 and asked, "where are your pills?", to which Resident #1 answered, "I've already taken them."

On . . . . . at 1:15pm, Staff A was observed assisting Resident #2 with taking his medication. Once Resident #2 took his medication, Staff A left the documenting that Resident #2 took his medication.

During a record review at 1:45pm on . . . . . , the MORs did not reflect the medications were taken at 1:15pm that day. (Photographic evidence obtained)

On at 4:45pm, the exit interview was conducted. During the exit interview, the Administrator confirmed the need for the MOR to be updated.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968618	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **PAMPERED PARENTS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 SETON CT** **PALM COAST, FL 32164**	

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

Based on interview and review of records, the facility failed to ensure residents received written notification of the emergency plan's implementation, and failed to have written policies and procedures readily available at the time of inspection.

The findings include:

During a review of review of records on , there were no written policies and procedures available for review that related to the operation, maintenance, and testing of the facility's generator. Additionally, there was no evidence the facility provided written notification to the 5 residents of the facility that the facility had implemented the emergency power plan.

On at 10:00am, an interview was conducted with the administrator. The administrator was asked to provide the documentation of policies and procedures, and written notification of implementation. The administrator was not able to provide the requested documentation.

Class