STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **STRATFORD COURT OF PALM HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **45 KATHERINE BLVD.** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2019002893) in conjunction with a Biennial Survey with Limited Nursing Services was conducted at Stratford Court of Palm Harbor Assisted Living Facility on . There was deficient practice identified at Stratford Court of Palm Harbor Assisted Living Facility at the time of the survey.

(License#: 7774)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review, and interview, the Facility failed to provide a clean, safe, and homelike environment and failed to maintain air conditioning (AC) units in a functional manner.

Findings Included:

During an interview with Resident #1's Power of Attorney (POA), conducted on at 11:57am, the POA stated that the AC units in the Facility were "moldy and filthy in the activity room especially".

A review of the Facility's Department of Health Inspection Report, conducted on , revealed that the last 'satisfactory' inspection was greater than one year ago dated .

During on observation of the residents' pantry/activity room, conducted on at 11:15am, the pantry/activity area had two AC units with black dust, dirt or mold on and in the vents. The AC unit's filter had thick lint/dust buildup on them. The refrigerator was unclean and held expired food products. The sink was unclean and there were drips along the baseboards (See Photographic Evidence1, 2, and 3). At 11:40am, Resident #3's AC unit had black dust, dirt, or mold on and in the vents. At 11:45am, Resident #1's room AC unit had some dust around the vent. At 04:35pm, Resident #2's room AC unit had black dust, dirt, or mold on and in the vents and the filter had a thick buildup of lint/dust.

A review of the Facility's Budget for AC unit replacement, conducted on , revealed that the Facility had allocated monies for a multiphase replacement of twenty-one AC units for both 2018 and 2019 years. The last AC unit replacement was for and no other AC units replaced since .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COURT OF PALM HARBOR	**45 KATHERINE BLVD. PALM HARBOR, FL 34684**

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

A review of the AC Preventative Maintenance and Cleaning recommendations, conducted on , revealed that the Filters were recommended to be "changed every three months". The Condenser Coils and cleaning as required were recommended to bed "cleaned every twelve months". These were recommendations for preventative maintenance to maintain "a safe/clean/comfortable/homelike environment".

A review of the Facility's cleaning schedule, conducted on , revealed that the cleaning schedule and AC filter change schedule had not been utilized by the Facility.

During an interview with Resident #3, conducted on at 01:56pm, Resident #3 stated that the resident's room AC unit "spits out black stuff all over the carpet".

A review of the Facility's work orders, conducted on , revealed that that the pantry/activity area had the most functional problems of AC units in the Facility. The work orders indicated that on , 's AC unit was not functioning properly. On , -112 hallway's AC unit not functioning properly. On , the common areas' AC unit not functioning properly. On , the Pantry's AC units not functioning properly. On , the second floor hallway's AC unit not functioning properly. On , the Pantry's AC units not functioning properly. On , the Pantry's AC units not functioning properly. On , The Rehab hallway's AC unit not functioning properly. On , the Pantry's AC units not functioning properly.

During observations and interview with the Director of Engineering (DoE) of , conducted on at 02:00pm, the DoE stated that the resident room AC units were replaced as needed. The DoE verified that Resident #3's AC unit needed extensive repair and cleaning as the unit was dirty and the filter had a thick buildup lint/dust. The DoE confirmed that there was black dust or other on Resident #3's carpeting in front of the AC unit. The DoE agreed that it appeared as if the filter had not been replaced in a long time.

During an interview with the Administrator, conducted on at 06:50pm, the Administrator acknowledged and confirmed that the Pantry/activity area refrigerator was unclean with expired food and baseboards, sink area, and two AC units were unclean.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COURT OF PALM HARBOR	**45 KATHERINE BLVD. PALM HARBOR, FL 34684**

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

Based on observation, record review, and interview, the Facility failed to provide central storage of medications for one Resident (#1) of one resident who did not maintain medications is a safe manner.

Findings Included:

During an interview with Resident #1's Power of Attorney (POA), conducted on at 11:57, the Resident #1's POA stated that the Facility does not give Resident #1 medication. The POA stated that the POA left "a note in [the resident's] bathroom to remind [the resident] to take the pill [and] there has only bee two times that [the] resident forgot to take it".

During an observation with Resident #1, conducted on at 11:45am in Resident #1's room, there were two bottles of medications and two pill organizers in the resident's drawer of the nightstand to the right of Resident #1's bed, easily accessible to Resident #1.

During an interview with Resident #1, conducted on at 04:14pm, Resident #1 was unable to state what medications that the resident takes or when the medications were due. Resident #1 stated that, "they keep my medicine and give me my medicine".

A record review for Resident #1, conducted on , revealed that Resident #1's Health Assessment Form dated stated that the resident was able to self-administer medications (See Photographic Evidence4). Resident #1 had a diagnosis of with behavioral disturbances, , , and , with periods of agitation and required daily oversight with wellbeing , whereabouts, and reminders for important tasks. Resident #1 had a Self-Administration of Medications Assessment (See Photographic Evidence4) dated that stated that the resident was:

- Unable to name medications
- Unable to state what each medication is for
- Daughter sets up with reminders from staff
- Able to read medication label with assistance
- Able to state when to take medications with assistance
- Forgetful
- Unable to state how much of each medication to take
- Able to remember when to take medications with assistance
- Unable to report the side effects of medications
- Able to inform staff when in need of refill of medications with assistance
- Able to recognize and follow special med instructions with assistance

The Evaluation Outcome indicated that the resident's medications must be secured and the resident was unable to meet safe storage of medication requirements.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932587	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **STRATFORD COURT OF PALM HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **45 KATHERINE BLVD.** **PALM HARBOR, FL 34684**	

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

During an interview and observation with the Administrator, conducted on [redacted] 04:50pm, the Administrator verified that Resident #1's medication were not secured. The Administrator stated that residents entry door were always kept "locked unless the resident forgets to lock it". The facility did not provide any explanation as to why Resident #1 had her medications for self-administration after the outcome of the [redacted] assessment.

Class III