Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953544	A. BUILDING: _____ B. WING _____	01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS VILLA	2131 NW 28TH STREET OAKLAND PARK, FL 33311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Licensure complaint survey, #2019016286, was conducted on [redacted] at Palms Villa. The facility had a deficiency identified at the time of the survey.	A 000		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to issue a proper discharge was issued to a resident upon determination that the resident no longer met the criteria for continued residency, or that the facility was unable to meet the resident's needs, as determined by the facility administrator or health care provider, for 1 of 3 sampled resident records reviewed (Resident # 1). The findings included: A review of the facility's residency contract was conducted for Resident #1. The contract was dated on [redacted]. It states the following; If the resident needs to be transferred to an appropriate facility, the facility will issue you a 45-day written notice. During an interview with Staff A on [redacted] at 12:55 PM, the following was revealed. She stated that Resident # 1 came to her and stated that he was hurting throughout his body on [redacted] around 10:30 AM. She contacted the	A 011		

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A 011	Continued From page 1 non-emergency transport for Resident #1 to the transported to the Emergency Room (ER). She stated she did not check for any , . meds. She also indicated that she did not call the physician. She confirmed that she did not notify the responsible party (the Case Manager). She stated, the responsible party was notified on . Further interview with Staff A confirmed that Resident # 1 did not have any behavioral issues. Staff A stated , Resident #1 had expressed to her that he wanted to leave. She tried to explain to him to give the place a chance when he first arrived. On at 01:05 PM, an interview was conducted with the Administrator. The Administrator stated he never spoke to Resident #1 while he was in the hospital to find out whether he wanted to return to the facility. He stated the resident packed his belonging on . He stated he was called by the Discharge Planner at the hospital. He stated when the resident was sent to the Emergency Room, he called and advised them that the resident came from his facility. However, this was not documented in Resident #1's file. He stated he called and notified the Case Manager that Resident # 1, stated that he did not want to come on the . . . . . The Case manager told him to hold the resident's belongings. The Administrator advised the case manager that he was not taking the resident . A review of Resident #1's file revealed that the 45-day discharge notice was missing. The file also failed to indicate any notes and/or evidence related to the resident's complaints of wishing to leave the facility. The facility does not have	A 011		

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A 011	Continued From page 2 documentation to the resident's case manager (Responsible Party), regarding alternative placement. Further review of the file reveals that there is no mention of the resident's inappropriate behavior or medical conditions that would cause the facility to refuse the resident to return to the facility. A review of the Florida Health Assessment form (AHCA 1823 form) was conducted. Resident # 1 was admitted into the facility around . He left the facility on . He suffered from the following diagnosis; Type II, Dyslipidemia, and . The AHCA 1823 form does not reflect any behaviors or . On at 03:00 PM, an interview was conducted with the Administrator. He refuted the findings, indicating that the resident had previously stated he did not want to remain there. He agreed he told the Discharge Planner that he was refusing to accept the resident to the facility. On at 02:14 PM, an interview was conducted with the Discharge Planner at the hospital. He stated the hospital reached out to the Administrator of the facility to advise the resident was ready for discharge. He stated the facility did not issue the 45-day discharge to the resident. He stated the facility refused to accept the resident after he was medically cleared/discharged from the hospital. He stated they had to find other placement for the resident. Class III	A 011		