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
	AL11967521	A. BUILDING: _____ B. WING _____	11/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMETTO ALF II, INC	8933 NW 172ND TER HIALEAH, FL 33018

(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 A biennial re-licensure survey was conducted at Palmetto ALF II on . Deficiencies were identified at the time of the survey.	A 000		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff knew information for ( ) training for two out of two sampled staff (Staff B). Findings included: Review of Staff B's personnel file revealed that she completed the training on . During an interview on at 7:18AM, when asked to explain ? Staff B stated "I don't remember."	A 090		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 090	Continued From page 1 Class III	A 090		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that two out of two sampled staff (Administrator and Staff B) were trained in their duties and are responsible for implementing the emergency management plan (Administrator and Staff B). The administrator and Staff B were unable to start the portable generator. Findings Included: On . . . at 7:00 AM observed a portable generator inside the shed in the backyard of the facility. On . . . at 7:00 AM Staff B was observed attempting to operate the generator. On at 7:07 AM, observed the administrator attempt to operate the generator. During an interview on . . . at 7:08 AM, the	A 182		

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A 182	Continued From page 2 administrator stated "My husband is the one that tests the generator every month." Review of personnel records revealed the administrator received Emergency Environmental Control Plan training on and Staff B received the training on . . . . Class III	A 182		