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
	AL11911829	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL PALACE RESIDENTIAL,	4491 SW 8 STREET MIAMI, FL 33134

(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 Complaint Investigation Survey (CCR# 2012012497) was conducted on - at Central Palace Residential with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. At the time of the survey, deficiencies were identified.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a : pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and	A 010		

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A 010	Continued From page 1	A 010		

3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(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 licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to ensure that resident's met the continued residency criteria for 1 out of 8 (resident #2) sampled residents Finding Include: In an interview with the administrator on - at approximately 10:41 AM, she stated resident #2 already came back. She stated resident #2 was found at the hospital. She stated resident #2 is problem because he does not speak English and he does not speak Spanish, he speaks Creole. She stated resident #2 left the facility on the 4th and came back on the 11th from the hospital. She stated he was picked up by the police and was brought to the hospital. She stated she did not know how the hospital knew he was a resident of the facility. She stated maybe they finger printed the patients so they knew. She stated they called and asked if he was a resident here. Record review of resident #2 revealed he was admitted to the facility on . Record review of the health assessment, dated , revealed resident #2 needs supervision with Self-Care ( ), is independent with all other activities of daily living {ADL's}, and needs assistance with preparing meals. In an interview with the administrator on - at approximately 12:47 PM, she came into # and stated the police just brought resident #2 back to the facility because resident #2 did not know where he was. Observations on - at approximately 12:49	A 010		

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A 010	Continued From page 3 PM found resident #2 sitting in the backseat of a police vehicle in front of the facility. In an interview with the police officer on - at approximately 12:50 PM, he stated that resident #2 was found on 239 Sarto Avenue in Coral Gables at 11:15 AM. He stated he had communication issues with resident #2. He stated he had to call an officer who was sleeping and off duty to translate. He stated resident #2 was found trying to use his key to get into a home. He stated the key had a number on it so he figured he was from an assisted living facility. He stated the officer spoke to resident #2 and recognized him and knew where he lived because he dropped him off here a couple of weeks ago. Observations on - at approximately 12:55 PM found resident #2 getting out of the police vehicle, uncuffed by the officer and walked back into the facility. In an interview with resident #2 on - at approximately 12:54 PM, he stated he went to his daughter's house today and never went to the hospital. He stated his name. In a phone interview with the supervisor of case management for resident #2 on - at approximately 9:31 AM, she stated she has had him since 2004 and has been in and out of Florida State Hospital and goes into assisted living facilities. She stated he left the facility three times and the facility always notify us. She stated he receives once a week case manager visits. The first time he was in Highland Park behind the hospital. She stated he is on medications and sometime he refuses. She stated she is trying to get an ID for him. She stated that he has issues as well as a	A 010		

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A 010	Continued From page 4 She stated he is high risk and should be in a state hospital. She stated he is one of the most difficult clients because they try to get him in the community but it is not working. She stated last year he was discharged from State Hospital in or . She stated they were looking for him on the streets and they found him when he went to jail for a couple of days. She stated her recommendation is that he is evaluated again and be placed in a state hospital. She stated he is a risk but very nice when he is compliant. She stated she did not know he was trying to get into a home but did it because he has issues. She stated she is being honest and stated he should not be at a facility, only Florida State Hospital has enough supervision for him. She stated he is a risk to the community and should be institutionalized. She stated he does not know how to come back when he leaves. She stated he is the most chronic. In a phone interview with the administrator on at approximately 9:59 AM, she stated after you left the facility resident #2 left again. She stated he doesn ' t understand. She stated it is better to move him. She stated she will get in touch with his case manager. She stated for 40 minutes we did not know where he was. She had to get in the car and go bring him back. She stated yesterday the police brought him back. She stated she agrees he needs to be someone with more supervision. Class III	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and	A 025		

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A 025	Continued From page 5	A 025		

services appropriate to the needs of residents accepted for admission to the facility.
(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:
(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.
(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual.
(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.
(d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to have a written record, updated as needed, of any significant changes for 2 out of 8 (resident #1, resident #2) residents sampled and failed to be aware of the general health, safety, physical and emotional well-being of 2 out of 8 (resident #2, resident #3)

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A 025	Continued From page 6 sample residents. Findings Include: In an interview with the administrator on - at approximately 10:41 AM, she stated three residents recently eloped. She stated resident #1 was one but he is already here. She stated resident #2 came back. She stated he was found at the hospital. She stated resident #3 came and she did not want to stay. She stated resident #3 is now in Westchester Hospital. She stated she was at the facility for four days. She stated she reported her to the police on and on the 9th they received a call from the hospital that she went on her own to the hospital. Record review of resident #2 revealed he was admitted to the facility on . Record review lacked any documentation in the resident file of the resident elopement. The only documentation of the elopement was documented in the 1-day incident report submitted to the Agency. Record review revealed documentation dated that stated the facility received a call from Jackson Hospital notifying them that resident #2 was there. Record review of the incident report submitted to the Agency revealed resident #3 eloped from the facility on . In an interview with the administrator on - at approximately 11:38 AM, she stated that on the 4th resident #2 was not here for dinner and that ' s when we started to worry. She stated that day of the notes was wrong. She stated she did not put that he went missing on the notes because they put it on the incident report. She stated she does the notes once a month.	A 025		

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A 025	Continued From page 7 In an interview with the administrator on - at approximately 12:47 PM, she came into # and stated the police just brought resident #2 back to the facility because resident #2 did not know where he was. Observations on - at approximately 12:49 PM found resident #2 sitting in the backseat of a police vehicle in front of the facility. In an interview with the police officer on - at approximately 12:50 PM, he stated that resident #2 was found on 239 Sarto Avenue in Coral Gables at 11:15 AM. He stated he had communication issues with resident #2. He stated he had to call an officer who was sleeping and off duty to translate. He stated resident #2 was found trying to use his key to get into a home. He stated the key had a number on it so he figured he was from an assisted living facility. He stated the officer spoke to resident #2 and recognized him and knew where he lived because he dropped him off here a couple of weeks ago. Observations on - at approximately 12:55 PM found resident #2 getting out of the police vehicle, uncuffed by the officer and walked back into the facility. Record review of resident #3 revealed she was admitted to the facility on . Progress notes dated revealed resident #3 refused to stay at the facility and when the nurse came to see her she was not in the . This was reported to the police. Progress notes dated - revealed the facility received a call from Westchester Hospital that resident #3 was there. She refuses to go back to the facility.	A 025		

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A 025	Continued From page 8 Record review of the incident report submitted to the Agency revealed resident #3 eloped from the facility on [redacted]. Record review of resident #1 revealed he was admitted to the facility on [redacted]. Record review revealed the facility failed to document the elopement of resident #1 in his file. Record review revealed the only documentation of the elopement was documented in the 1-day incident report submitted to the Agency. The facility failed to provide any documentation on resident #1's return the the facility, including; his whereabouts, speaking with the resident about the elopement, date of return, and how he returned. In a phone interview with the risk manager from Westchester Hospital on [redacted] at approximately 1:06 PM, she stated resident #3 was admitted to the hospital on [redacted]. She stated resident #3 arrived to the hospital from a custody release from the court. She stated it was the jail diversion program. She stated she was discharged on [redacted] to an assisted living facility in Hialeah. In a phone interview with the administrator on [redacted] at approximately 9:59 AM, she stated after you left the facility resident #2 left again. She stated he doesn ' t understand. She stated it is better to move him. She stated she will get in touch with his case manager. She stated for 40 minutes we did not know where he was. She had to get in the car and go bring him back. She stated yesterday the police brought him back. She stated she agrees he needs to be someone with more supervision. In a phone interview with the administrator on [redacted] at approximately 1:46 PM, she stated	A 025		

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A 025	Continued From page 9 the problem is the Jackson Hospital papers were under a different last name but realized what it was when looked at her Medicaid information. She stated she did not know that she was in jail. She stated she knows she was in the facility on the 2nd and went missing and the next Monday the hospital called that she was there. She stated the whole week she did not know where she was. She stated she did not know where she was that is why they reported it. Class III	A 025		
A 032 SS=D	58A-5.0182(8) FAC Resident Care - Elopement Standards (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision. 1. As part of its resident elopement response policies and procedures, the facility shall make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility ' s name, address, and telephone number. Staff attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with and related assessed at high risk. 2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The photo identification shall be made available for the file within 10 calendar days of admission. In the event a resident is	A 032		

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A 032	Continued From page 10	A 032		

assessed at risk for elopement subsequent to admission, photo identification shall be made available for the file within 10 calendar days after a determination is made that the resident is at risk for elopement. The photo identification may be taken by the facility or provided by the resident or resident ' s family/caregiver.
(b) Facility Resident Elopement Response Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall include:
1. An immediate staff search of the facility and premises;
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities;
3. The identification of staff responsible for contacting law enforcement, the resident ' s family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and
4. The continued care of all residents within the facility in the event of an elopement.
(c) Facility Resident Elopement Drills. The facility shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to complete an elopement assessment after a determination was made that the resident is at risk for elopement for 2 out of 8 (resident #1, resident #2) sampled residents.

Findings Include:

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A 032	Continued From page 11	A 032		

In an interview with the administrator on [redacted] at approximately 10:41 AM, she stated three residents recently eloped. She stated resident #1 was one but he is already here. She stated resident #2 came back. She stated this is the first time that resident #1 did this. She stated he went to Miami Beach and then became disoriented so the family called her to tell her that he called them. She stated he left on the 10th and the family brought him back on the 14th. She stated resident #2 is another problem because he does not speak English and he does not speak Spanish, he speaks Creole. She stated resident #2 left the facility on the 4th and came back on the 11th from the Hospital. She stated he was picked up by the police and was brought to Jackson Memorial Hospital. She stated she did not know how Jackson knew he was a resident of the facility. She thinks maybe she finger printed the patients so they knew. She stated they called and asked if he was a resident here.

Record review of resident #2 revealed he was admitted to the facility on [redacted]. Record reviewed lacked documentation of an elopement assessment completed following the elopement of resident #2.

In an interview with the administrator on [redacted] at approximately 11:31 AM, she stated that a new elopement assessment was not completed since resident #1 came back. She stated he has not eloped before, this was his first time. She stated he usually leaves and comes back.

Record review of resident #1 revealed he was admitted to the facility on [redacted]. Record reviewed lacked documentation of an elopement assessment completed following the elopement of resident #1.

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In an interview with the administrator on - at approximately 11:55 AM, she stated that this was the first time resident #1 eloped. Stated that resident #1 is functional and the sister told her that don ' t worry that he did this before and he calls her when he wants to come back. She stated he came back on Friday afternoon and the facility psychiatrist is out of town until today. She stated he has not been assessed for a risk an elopement. She asked if an assessment has to be done every time they elope.

In an interview with resident #1 on - at approximately 1:43 PM, he stated he left the facility just once he went to south beach. He stated he walked there. He stated it took him about two hours to walk there. He stated it was about two weeks ago or a week and a half ago. He stated he did not want to leave he just wanted to get away from awhile. He stated he was gone for 7 days and he called his mom and she sent his brother to come pick him up and bring him back here. He stated he did not tell anyone that he was leaving. He stated people go missing a lot here. He stated from time to time people go missing but are picked up by the police and brought to the hospital. He stated he knew how to get back but he did not want to walk all the way back so he called his mom. He stated he called his mom because she has always been in charge of his mental health. She only knew that he was there when he called her. He stated the facility spoke to him and he will never do it again. He stated he has not seen a doctor since he came back.

In an interview with the administrator on - at approximately 1:53 PM, she acknowledged the findings.

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A 032	Continued From page 13 In a phone interview with the supervisor of case management for resident #2 on [redacted] at approximately 9:31 AM, she stated she has had him since 2004 and has been in and out of Florida State Hospital and goes into assisted living facilities. She stated he left the facility three times and the facility always notify us. She stated her recommendation is that he is evaluated again and be placed in a state hospital. Class III	A 032		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known [redacted] the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be	A 054		

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A 054	Continued From page 14 immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 1 out of 2 (resident #2) sampled residents medication observation records (MORs) were appropriately maintained. Findings Include: Observations on - at approximately at 12:25 PM found the medication closet was locked. Key obtained and box with resident #1 name and the following medications: 1MG, 1 MG 100 MG Tab, 10 MG, - 81 MG, and 10 mg Tab. Record review revealed a medication record for resident #1 for 2012 (- to -) but record review did not find a MOR for resident #1 for 2012. In an interview with the administrator on - at approximately 12:16 PM, she stated that resident #1 has an HMO and gets his medications from Leon Medical Center and does not get his medications from our pharmacy. She stated she does not have a medication log for Juan for . She stated it is a good question of how he is taking his medications. She stated she does not have an answer for that	A 054		

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A 054	Continued From page 15 because they have not done it. She stated they gave him his medications without writing it down. Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or	A 055		

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A 055	Continued From page 16	A 055		

6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification

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A 055	Continued From page 17 and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure prescribed medications were secured and out of sight at all times. Findings Include: Observations on - at approximately 12:45 PM found the door to # unlocked. Observations found a bottle of Solution, United States Pharmacopeia (USP) 10 grams (g) / 15 milligrams (ml) on top of the dresser prescribed to resident #5. In an interview with resident #5 on - at approximately 1:02 PM, she stated the staff told her to bring it {the medication} back to her ..... Record review of resident #5's health assessment, dated , showed that resident #5 needs assistance with self-administration of medication.	A 055		

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A 055	Continued From page 18 In an interview with the administrator on - at approximately 1:53 PM, she acknowledged the findings. Class III	A 055		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night. 4. At least one staff member who is trained in	A 079		

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A 079	Continued From page 19 First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility. 5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility. 6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement. 7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care. (d) The facility shall be required to provide staff	A 079		

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A 079	Continued From page 20	A 079		

immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.

3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of

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A 079	Continued From page 21	A 079		

meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to maintain minimum staff hours per week for the current resident census of 48.

Number of Residents	Staffing Hours Weekly
36-45	335
46-55	375

Findings Include:

In an interview with the administrator on [redacted] at approximately 10:52 AM, she stated only staff #1, staff #2, staff #3, staff #4, staff #5, and staff #6 were direct care staff. She stated the other employees on the schedule was housekeeping and cooks. She stated staff #1 does activities in the afternoon and takes residents to social security when it is needed. She stated staff #1 works in the office in the mornings. She stated she will do activities in the afternoon and serve dinner. She stated she currently has 48 residents. She stated two residents are in the hospital and one resident is in jail. She stated she is not counting resident #3 because she does not want to come back.

In an interview with the administrator on [redacted] at approximately 10:57 AM, she stated that each

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A 079	Continued From page 22 employee has a 30 minute break each day and they go out and sit on the patio. She stated everybody works 8 hours but staff #1 works 9 hours a day. Record review of the facility staffing schedule for 2012 revealed the facility only had 233 hours of direct care staff scheduled each week. Record review revealed the facility had 45 current residents at the facility. Record review revealed the facility was 102 hours short of the minimum staffing requirements. Record review revealed the administrator was not listed on the facility's schedule. In an interview with the administrator on - at approximately 11:02 AM, she acknowledged the findings and stated we will start to hire. She stated she was told that she could use her hours if not in the office towards the hours. She stated she used to have a census of 33. Class III	A 079		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility	A 152		

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A 152	Continued From page 23 supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment and failed to ensure the each resident the minimum furnishings. Findings Include: Observations on - at approximately 1:07 PM found the door to # unlocked. Observations found the closet area between	A 152		

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A 152	Continued From page 24 # and the not working. Observations found the window in the # open without a screen. Observations found mosquito-like insects flying around the In an interview with staff #1 on - at approximately 1:07 PM, she acknowledged the mosquito-like insects flying in the closed the window. Observations on - at approximately 1:15 PM found # did not have a closet for the resident residing in the . Observations on - at approximately 1:18 PM found clothing hanging from parts of the front door to # . Observations found the resident residing in # had no other place to hang his belongings for the not equipped with a closet. Observations on - at approximately 1:24 PM found the # was open. Observations found the lacked a screen. In an interview with the administrator on 11-19- 12 at approximately 1:53 PM, she acknowledged the findings and stated the windows are supposed to be closed. Class III	A 152		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include:	A 162		

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A 162	Continued From page 25 (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.	A 162		

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A 162	Continued From page 26 (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their	A 162		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL PALACE RESIDENTIAL,	4491 SW 8 STREET MIAMI, FL 33134

(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 162	Continued From page 27	A 162		

homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to have a physician order for 1 out of 8 (resident #7) sampled residents.

Findings Include:

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
	AL11911829	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL PALACE RESIDENTIAL,	4491 SW 8 STREET MIAMI, FL 33134

(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 162	Continued From page 28 Observations on - at approximately 1:24 PM found a Continuous positive airway pressure {CPAP} on the corner of the bed belonging to resident #7 in . . . . # . In an interview with staff #1 on - at approximately 1:25 PM, she stated resident #7 used the CPAP for breathing at night. Record review of resident #10 revealed the facility failed to maintain a physician order for the CPAP. In an interview with the administrator on - at approximately 1:34 PM, she stated the machine used by resident #7 is a CPAP. She stated she does not have a prescription for the CPAP. She stated resident #7 does not see the facility's doctor. She stated her mom is the one that takes her to the doctors and a company delivered that. She stated she can use it on her own. She stated that she is not sure if it is a CPAP she will go check because she used to work for a medical supplies company. In an interview with the administrator on - at approximately 1:39 PM, she stated it was a CPAP. She asks if she needed a prescription for it. She stated that ' s why she liked them to use the facility doctors because the family uses their own and doesn ' t give us anything. Class III	A 162		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Central Palace Residential,
4491 Sw 8 Street
Miami, FL 33134

Re: CCR #2012012497

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121