STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911829	12/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Central Palace Residential,	4491 Sw 8 Street Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced Complaint (2013012534) Investigation Survey was completed on . Central Palace Residential on had deficiencies at time of survey.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the assisted living facility failed to follow it's elopement policy and procedure when contacting family members after an elopement.

Findings include:

The facility documented that they completed a search on at 3:00 p.m. when they realized that resident #2 was not at the facility and also called the police an hour and a half later once they were unable to locate resident #2. The facility failed to follow it 's elopement policy and procedures. They failed to complete a 1 day adverse incident report on to the agency and failed to notify the family within one half after finding out that the resident #2 was missing. The facility documented that the family was called on Saturday ( ) after speaking to the police that day.

Interview with the administrator on at 10:03 a.m. revealed that the facility has not submitted the 1 day incident report to the agency. The administrator provided documentation that stated that the family was called on Saturday.

Class III

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

Based on record review and interview the assisted living facility failed to maintain 1 out of 4 (#1) sampled residents' medication observation record (MOR) for the month of .

Findings include:

Record review found that the facility did not have a maintain MOR for resident #1. The facility used the letter "A" on the MOR for when the resident was absent from the facility and when he refused the medications. The facility was not able to provide documentation as to when the resident was actually absent from the facility and when he refused to take his medications. The facility failed to properly chart the MOR.

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Interview with the administrator on at 12:14 p.m. she stated that they are using "A" for absent and for refusing medication. MOR can not be read and not understood for resident #1 for the month of at 12:22 p.m. medication for the month of had been thrown out by the facility the administrator stated. The administrator acknowledged that MOR for resident #1 was very confusing to follow.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the assisted living facility failed to file a 1 day adverse incident report for a resident that eloped.

Finding include:

Record review found that the facility reported at 3:00 p.m., resident #2 was not the facility on . The facility documented that they reported resident #2 missing to the police at 4:25 p.m. on . Record review found that the facility did not report the one day adverse incident report to the agency which was supposed to be received by , 2013.

Interview with the administrator on at 10:03 a.m. revealed that the facility has not submitted the 1 day incident report to the agency.

11:08 a.m. the administrator provided documentation that the adverse incident report was completed on during the survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Re: CCR #2013012534

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 2/6/2014 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,

Kristal Branton for

(305) 593-3100
Field Office Manager

AMD:sy
Enclosure
XG90

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