STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964340	12/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homestead Manor, A Palace Community	**1330 Nw 1st Street Homestead, FL 33030**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A visit for a biennial survey was made on . Homestead Manor , A Palace Community had the following deficiencies:

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to document the significant changes in 1 of 4 (#7) sample residents.

Findings as follow:

Record review revealed Resident #7's health assessment (form 1823) dated: documented a S/P in right heel and documented a nursing treatment (care) in right heel. Further review documented resident #7 had being under nursing care for the mentioned and also documented it was healed..

Record review documented the significant change (no) was no recorded on form 1823.

On facility's Director of Nursing stated resident #7 had no at present time. Also stated the mentioned healed months ago. Also stated the facility failed to obtain a new health assessment (form 1823) to document the significant change (helaed, no) for resident #7.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to document freedom from communicable including on annual basis for 2 of 5 (#4 and #5) sample staff.

Findings as follow:

Record review documented the facility failed to document freedom from communicable including , on annual basis, for staff #4 hired on and staff # 5 hired on .

Record review documented the last freedom from communicable statement for staff #4 was made on and for staff #5 on / .

On at about 2:30 p.m. the facility administrator stated, the freedom from communicable statements for staff #4 and #5 were not up-to-date.

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

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homestead Manor, A Palace Community
1330 Nw 1st Street
Homestead, FL 33030

Dear Administrator:

This letter reports the findings of a state licensure 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 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 Supervisorat (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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