STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965488	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Parklake Senior Palace	4229 Sw 157 Court Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on , 2013 at Parklake Senior Palace had deficiencies at time of the visit.

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

Based on record review and interview the facility failed to ensure that 6 out of 6 residents (#1 #2, #3, #4, #5, & #6) Medication Observation Records (MORs) were accurately updated.

Findings include:

Record review of the MORs for residents' #1 #2, #3, #4, #5, & #6 revealed the initials of "A" marked throughout the residents' medication slots. Further review revealed for the date of , 2013 in the 6 PM medication slots for residents 1 #2, #3, #4, #5, & #6 were the initials "A".

On at 12:56 PM, the administrator acknowledged the "A" mark was her initials and she was not present on the night of , 2013 to assist residents 1 #2, #3, #4, #5, & #6 with their 6 PM medications. The administrator further acknowledged that the MORs for residents 1 #2, #3, #4, #5, & #6 were not accurately documented to identify the staff who assisted residents #1 #2, #3, #4, #5, & #6 with their 6 PM medications on the night of , 2013.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure personnel records for 2 out of 3 staff (B & C) contained documentation of medication training.

Findings include:

Record review of personnel files for Staff B revealed date on application as and staff C date on application as . Further review revealed no documentation showing staff B and staff C had received the 4 hrs of Assistance with Self-Administered Medication training.

On at 12:56 PM the administrator acknowledged staff B and staff C personnel files did not contain documentation of 4 hrs of Assistance with Self-Administered Medication training and stated that she did not include the original in the file because she just received the original training documentation for staff C this

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Saturday,

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Parklake Senior Palace
4229 Sw 157 Court
Miami, FL 33185

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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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