RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palms Assisted Living
7364 Lagoon Road
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
29, 2014 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967766	08/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Assisted Living	7364 Lagoon Road Spring Hill, FL 34606	

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

Revisit Corrected Tags:

0053-Medication - Administration-08/29/2014
0081-Training - Staff In-Service-08/29/2014
0090-Training - 3/29/2013
0091-Training - Documentation & Monitoring-08/29/2014
0093-Food Service - Dietary Standards-

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments

On 08/29/2014 unannounced follow-up survey to a Biennial was conducted at the Palms Assisted Living Facility in Spring Hill, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have completed 1823 health assessments for 4 of 6 residents (#1,#4,#5 and #6).

Findings:

On a record reviews were conducted on resident #1, #4, #5 and #6 health assessments (AHCA 1823 form). The review revealed resident #1's AHCA 1823 form did not have the required comments for page 2 section A, page 3 section A. Resident #4's AHCA 1823 form was missing required comments on page 3 section A. Page 4 section B stating: does the individual need help with taking their medication, was left blank.Resident 5's AHCA 1823 form, completed on , was missing required comments from page 2 section A and page 3 section A. Page 2 section A which contains Activities of Daily Living was missing required comments for ambulation which was checked for supervision. Resident #6' AHCA 1823 was observed missing required comments on page 3 section A.

On at approximately 1:15 PM the Administrator was asked why the required information was still missing from the resident 1823 health assessments. She stated that she and her staff spent hours going over the resident 1823 health assessments and she could not explain why the required information was missing.

Class III