STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	09/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Palm Alf Corp	11271 Sw 229 Terrace Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Silver Palm ALF Corp had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to document freedom from communicable including ( ) for 1 of 3 (#3) facility staff. The facility failed to an annual examination for 1 of 3 (#1) facility staff.

Findings as followed:

Record review documented the facility failed to document freedom from communicable including on annual basis for staff #1 (administrator). The administrator last examination was dated . The facility failed to have any documentation of freedom from communicable including for staff #2 (caretaker hired on).

On at 11:30 a.m. the facility's administrator stated the facility failed to document freedom from communicable on annual basis for staff #1 and document freedom from communicable for staff #2.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to have 3 of 3 (#1, #2, #2) facility staff trained in a minimum of 2 hours of assisting with self administration of medications annually.

Findings as followed:

Record review documented the facility failed to have staff #1 (administrator), #2, and #3 (both caretakers) trained annually in 2 hours of assisting with self administration of medications (continuing education). Record review documented the last medication training (4 hours) for staff 1 and #3 were conducted on and staff #2 was conducted on .

On at 11:30 a.m. the facility's administrator stated the facility failed to have staff #1, #2, and #3 trained in 2 hours of medication, continuing education training on yearly basis.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	09/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Palm Alf Corp	11271 Sw 229 Terrace Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a power of attorney, health care surrogate, proxy for 1 of 2 (#1) sample residents. The facility failed to have the weights recorded every six moths for 1 of 2 (#1) facility residents who are assisted with the activities of daily living. The facility also failed to have a contract executed between 1 of 2 (#2) sample residents.

Findings as followed:

Record review documented resident's #1 (admitted)'s contract, the inform consent to assist with self administration of medication, and the advance directives were signed by a family member. Record review documented the facility failed to appoint a health care surrogate, health care proxy, guardian or having a power of attorney for resident #1.

Record review documented resident #1 needed assistance with the activities of daily living (assessment date:). Record review documented the facility failed to record the weights every six months, for resident #1. Resident's #1 last weights recorded were dated and .

Record review also documented the facility failed to have a contract executed between resident #2 (admitted) and the facility.

On at 11:30 a.m. the facility administrator stated a family member of resident #1 signed all documentation and added the facility had no a power or attorney, guardian, health care proxy or a health care surrogate for this resident. And added the facility failed to record the weights of resident #1 every 6 months. The facility's administrator stated that the contract for resident #2 were not signed.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 2 of 3 (#2 and #3) facility staff trained in a minimum of 6 hours in Limited Mental Health by an approved Department of Children and Families trainer within 6 months of employment.

Findings as followed:

Record review documented the facility has a standard license with Limited Mental Health component. Record review documented the facility failed to have staff #2 (caretaker, hired on) and staff #3 (caretaker, hired on) trained in 6 hours of Limited mental health training.

On at 11:00 a.m. the facility's administrator stated staff #2 and #3 had not received the Limited Mental health training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Silver Palm Alf Corp
11271 Sw 229 Terrace
Miami, FL 33170

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on , 2014 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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