

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911829	(X3) DATE SURVEY COMPLETED 10/23/2014
NAME OF PROVIDER OR SUPPLIER Central Palace Residential,	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on _____ and _____. Central Palace Residential had the following deficiency found 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 maintain time sheets for staff members.

The findings included:

Review of the facility records showed they did not maintain time sheet records for the staff members.

During an interview on _____ at 2:45 PM with the administrator, she stated we had a time clock however, it broke a few months ago. We do not maintain staff time sheets at present. We are going to purchase a new time clock.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



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