STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943082	09/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Annie's Palace	935 Sw 9 Street Miami, FL 33130	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Annie's Palace ALF had the following deficiencies at time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to provide a complete Health Assessment for 1 out of 2 sampled residents (#9).

Findings include:

Record review for resident #9 on at 12:22 PM found the Health Assessment on file dated did not include the following: Page 2. Section A. " To what extent does the individual need supervision or assistance with the following? B. Special Diet Instructions, Regular, Calorie Controlled, No Added Salt, Low Fat/Low , or Other. " None of these options were checked on this page.

On at 1:40 PM administrator stated, " I will contact the doctor and have him properly complete the form. "

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and staff interview the facility failed to ensure that resident's met the continued residency criteria and a new health assessment was needed because of a significant change on 1 out of 2 sampled residents (resident #11).

The findings include:

A general tour of the facility was conducted on at 9:20 AM, during the tour, resident #11 was observed sitting on a recliner in the common area. Resident was sleeping. When RN came in for care resident #11 did not acknowledged RN. During lunch time resident #11 was being fed puree diet by staff. Resident ate food but at no time did he engage staff.

Record review revealed that resident #11 was admitted to the facility on and has diagnoses of , Gait, , and . The health assessment, dated on , documented that he required assistance with the Activities of Daily Living (ADLs) and medications. Observed RN from home health agency come to assist resident #11, note for visit reads, " complete assessment done. Vital signs unchanged. SN performed care following MD orders. Procedure well tolerated by patient. "

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Note on observation log read; 1:10 PM Patient admitted on . Patient will receive Skilled Nurse (SN) visits every day to perform care as ordered by MD. SN visits for observation and evaluation assess of all body systems and vital signs every visit. SN also will instruct patient caregiver on process, diet, nutritional status, new medication safety and caution, precautions, pain management. Patient will be discharged once all wounds are healed. Signed by LPN

Note on reads, " Resident was sent to the Hospital because he does not feel well "

An interview conducted with the facility owner on at 12:32 PM she stated, resident #11 was doing well when he was admitted to the ALF, when he came back from the hospital he came with the RN service, we have not put him in hospice because we are trying to get him well. But he has been declining. We will contact hospice and enroll him in the program. "

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview the facility failed to ensure an ongoing activities program was being provided.

The findings include:

On at 9:10 AM the 2014 activities schedule was observed to be posted on the Assisted Living Facility bulletin board, it listed as the activities for the day as puzzles, and stated " All activities are conducted from 2:00 PM to accommodate all resident ' s personal needs. " materials, puzzles, board games for activities were observed in the main living area of the Assisted Living Facility. On at 2:00 PM staff did not offer any kind of activities materials to the residents at the facility.

On at 10:40 AM conducted interview with resident #5 and she stated, " We don't have activities at the facility I would like to do something here. "

On at 10:26 AM conducted interview with resident #8 and he stated, " Before the facility offered the activities but not anymore and I would like to play dominos. "

On at 11:58 AM conducted interview with resident #2 and he stated, " No activities at the facility I like to take walks around the facility. "

On at 12:50 PM conducted interview with resident #4 and he stated, " No activities at the facility are offered but I go to a program outside the facility. "

On at 2:40 PM administrator stated, " We offer the activities not all of them want to participate, we did have a dominos table it broke, and they enjoy the game I will go out and get another one. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Annie's Palace
935 Sw 9 Street
Miami, FL 33130

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 29, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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