STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967521	11/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palmetto Alf Ii, Inc	8933 Nw 172nd Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Palmetto ALF II, Inc had deficiencies at time of the survey.

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

Based on record review and interview the facility failed to perform a face-to-face medical examination by a health care provider after a significant change for 1 out of 3 sampled residents (#2).

Findings included:

Record review of resident #2's last health assessment (AHCA form 1823) dated revealed the resident required assistance with bathing and supervision with the rest of the activities of daily living. At the time of survey resident #2 had been admitted to hospice and required total assistance with bathing and required assistance with the rest of the activities of daily living (ADLs). The facility did not have a completed health assessment with resident #2's changes in ADL levels.

On at 11:00 am the administrator stated that resident #2 sometimes is able to walk and sometimes refuses to walk and that she already notified the primary care physician that the resident needs a new health assessment.

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 provide documentation that prove that an employee that is unlicensed and assist residents with self-administration of medications completed a 4 hours initial training in assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review of employee B revealed that the employee had 2 hours of training in assistance with self administration of medications on . The facility did not have documentation that employee B completed the initial 4 hours training.

On at 11:10 am employee B stated that she assists resident with medications and that she did the 4 hours initial training of assistance with self-administration of medications and that she has the certificate in her house because she thought that having the last update in the employee file was enough and that she will bring the certificate when she goes to her house on her day off to keep it in the facility employee file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Palmetto Alf Ii, Inc
8933 Nw 172nd
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 3, 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
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