STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953544	01/21/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Palms Villa Retirement Home, Inc	2131 Nw 28th Street Oakland Park, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Palms Villa Retirement Home. The facility had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review, interview and observations, it was determined the facility failed to ensure that the monthly staffing schedule was accurate and reflective of the 24- hour staffing pattern.

The findings:

Upon arrival to the facility at 9AM on , it was noted that only one employee (Staff C) was present in the facility providing care and services for a census of 17 residents. During an interview with Staff C at 9:10 AM on , it was confirmed by Staff C that she was the only employee present and that Staff A was on the schedule to work from 8 AM to 2 PM (day of the survey).

Staff A arrived at the facility at approximately 11:30 AM on . He confirmed that he is scheduled to be at the facility at 8 AM to 2 PM daily (Sun - Sat). He also confirmed that he was scheduled to be at the facility on day of the survey at 8 AM.

Upon request and review of the facility ' s current staffing schedule 2015), it was noted the schedule was not reflective of the current staffing pattern. Review of the schedule revealed Staff A is scheduled to work at 8 AM to 2 PM (Sun-Sat). Further review of the schedule revealed Staff D was scheduled to work on noted date of survey from 8AM to 4PM. However, Staff D was not present and was replaced by Staff C.

During review of the staffing schedule with the Administrator, the current staffing schedule weekly hours was . Based on the Administrator of the weekly hours from and , the total hours for each week were 212 hours. The required weekly hours for a census of 17 are 253. The Administrator, at this time, confirmed that he did not have sufficient staffing

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hours as required. He further stated he had no additional document indicating that the facility had met the required weekly staffing hours.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interviews, the facility failed to ensure that 1 out of 3 employees (Employee B) had evidence of having completed all the required trainings within 30 days of employment and had the certificate of completion in the employee's record.

The findings include:

During employee record review on , it was determined that employee B did not have all her trainings and certificate in her file. Employee B, a home health aide, who provides direct care to residents, and hired on had no verification of having completed the following trainings.

a) Elopement response training

b) Emergency preparedness & Evacuation training

During an interview with the Administrator on at 2:00 PM, he stated that he thought Employee B had already completed these trainings when she was hired. He also stated no further documentation was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interviews, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had documentation of 1 hour of training on the facility's policy and procedures regarding

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The Findings Include:

A record review conducted on revealed Staff(C) hire date was Further record review revealed Staff C ' s file lacked documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on at 3:00 PM, the Administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palms Villa Retirement Home, Inc
2131 NW 28th Street
Oakland Park, FL 33311

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547
XG90

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