AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 07/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966844	**06/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SILVER PALM ALF II LLC	**10241 SW 134 AVENUE CROSSINGS, FL 33186**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Survey (CCR #2015002437) was conducted at on . Silver Palm ALF II LLC with Limited Mental Health component had the following deficiencies found at time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview the facility failed to return personal property in immediate living space after discharge from the facility for one out of seven (#1) sampled residents.
Findings included:
The facility's admission & discharged log revealed that Resident #1 was discharge from the facility on . Record review on showed Resident #1 (admitted /) Contract of Residency dated / showed that facility will discard Resident #1 property after 45 days of writing notifications. Resident's progress notes document on " Resident #1 was at the office and she give D/C TV."

On at 12:00 PM interview with the Owner, he stated in case the case of Resident. I have communicated with the aunt. I do not remember the day and I told her that when I move the resident and I will let her know when. I recommend an ALF and resident and aunt (both) went to see the ALF (I do not remember the ALF name). The same day that Resident #1 was discharge from the facility Resident #1 and the new ALF (owner) transfer resident items with him. Resident #1 returned after four days with aunt and resident friend and they told the facility you discard resident property. Facility Owner stated Resident #1 found books in the facility trash can. Owner stated I brought person to paint the the a mess (dirty). A house painter kept all the electronics and other belongings (resident items CD) and the others were removed from inside the facility. He stated I don ' t know if he checked out in the trash but they came and recovered from their trashcan some items and others never found according with resident. He stated I don ' t know what he is missing.
During an interview on at 12:40 PM Staff C stated Resident #1 did have a lot of books and a lot of things. She stated Resident #1 and his aunt left items in # (documents, disc, recorders, books). She stated we placed them on box outside at the facility terrace.
During an interview on at 12:59 PM Staff D stated Resident #1 did left peppers on the floor and we discarded most of them at the trashcan.
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to keep refrigerated medications locked up at all times for one out of seven (#2) sampled residents. The facility failed to discard abandon medications for one out of seven (#5) sampled resident.
Findings included:
Observations on at 9:00 AM during the facility tour found unsecured zip bag with Resident #2's medications, Lantus (100 ml 50 unit in the morning, (oral solutions), and (oral solution) 100 mg per 5 ml in the kitchen's refrigerator. Further observations found staff with Resident #5's

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medications, Reno Caps Sofgel, 112 MCG, ECC 81 MG, D 600 MG, (nasal spray, USP).
Record review on showed that resident #5 was admitted on and on .
During an interview on at 3:20 PM the Administrator acknowledged that the medication belonged to a Resident #5 who needed to bed disposed and that the medications in this refrigerator were unlocked.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I, 2015

Administrator
Silver Palm Alf Ii Llc
10241 Sw 134 Avenue
Crossings, FL 33186

RE: CCR #2015002437

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2015 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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