STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911173	11/10/2015
NAME OF PROVIDER OR SUPPLIER **WHITE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9072 OLD DIXIE HWY.** **LAKE PARK, FL 33403**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015008932 , was conducted on 11/10/2015 at White Palms Assisted Living Facility. The facility had a deficiency identified at the time of the investigation.

0079 Staffing Standards - Levels

Based on interview, record review and observations, it was determined the facility failed to make available upon request a written work schedule reflecting the 24 -hour staffing pattern for a given time period for 4 of 4 staff (Staff A,B,C and D) who would provide care for 4 residents.

The Findings Include:

During random interviews conducted on I/ at approximately 6:15 AM to 7:30 AM with Direct Care Staff A, B,C and D revealed that the facility has staff coverage on a 24hour basis 7 days a week. Further interview revealed the following staffing pattern; Staff A works 7 AM- 7PM six days a week, Staff B works 11:00 PM -7:00 AM six days a week, Staff C works 2PM- 11:00 PM six days a week and Staff D works 6:00 AM-2:00 PM six days a week.

Employee record reviews conduced on I/ at approximately 10:45 AM revealed that staffs A, B, C and D are all full time employees.

During random interviews conducted with residents on I/ between 9 AM and 2 PM revealed that the facility maintains coverage of staff hours around the clock.

Interview conducted on I/ at 11:30 AM with Administrator who was asked to produce a written work schedule reflecting the 24 hour staffing pattern for the care of the residents. Administrator produced from a book in the office a written staffing pattern. However, it was not specific to any time period and did not reflect the current staffing pattern for each staff member. The Administrator acknowledged that the facility did not have a current work schedule available and posted for the residents and their representatives to view.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
White Palms
9072 Old Dixie Hwy.
Lake Park, FL 33403

RE: CCR #2015008932

Dear Administrator:

This letter reports the findings of a complaint 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 days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com