STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964369	12/08/2015
NAME OF PROVIDER OR SUPPLIER **PALMETTO ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6826 WEST 25 COURT** **HIALEAH, FL 33016**	

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

0000 Initial Comments

A Complaint (CCR # 2015010962) Survey was conducted on , 2015. Palmetto ALF Inc with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to ensure that one out four (#3) sampled residents met continued residency criteria to live in the facility.

Findings included:

Record review on revealed Resident #1's health assessment dated / / did not document whether Resident #1's needs could be met in an assisted living facility.

Interview on at 11:00 am the Owner stated "Resident #1 meets requirement to live in the facility, but the Physician forgot to indicate that part of the health assessment."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep central stored medications locked up in the refrigerator.

Findings included:

Observations during the facility tour on at 8:10 am found , unlocked medication, inside the facility's refrigerator.

Interview on at 10:00 am the Owner acknowledged that the medication was inside of the refrigerator unlocked.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review on revealed the staffing pattern on board (dated) documented a Manager on call. Record review found the facility did not have record for a Manager. Record review found the Administrator supervised three facilities and failed to appoint a Manager.

Interview on 5 at 9:17 am the Owner stated, "I used to have an alternative Administrator, I had a problem with her, and she is not working here anymore, I am in the process to obtain a new alternative Administrator, but it is a process because I have to make sure to have the proper staff here; therefore, I have no records for a new Manager, yet."
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment for residents. The facility also failed to have furniture that was functional for the residents.

Findings included:

During tour on at 9:10 AM found the patio had a damaged washer and a chair. There are four white cans of debris in the backyard. Further observations during tour found a roach in the pantry.

During an interview on at 11:20 AM the Owner stated that he will organized the porch.

Observation on at 12:00 pm found Resident #4 was sitting in the living while the others residents (2, 3, and 6) ate at the dining table.

Interview on at 12:10 pm Staff A and B stated, "They used to eat together, but the Owner brought a new dining table with tall legs, and she cannot sit on it. "

Interview on at 12: 12 pm Residents 2 and 6 stated that they would like to have a normal size chair in the dining table to eat.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palmetto Alf Inc
6826 West 25 Court
Hialeah, FL 33016
RE: CCR #2015010962

Dear Administrator:

This letter reports the findings of a complaint licensure 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. **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 , 2016.** 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 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com