| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967521** | **12/08/2015** |
| NAME OF PROVIDER OR SUPPLIER **PALMETTO ALF II, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **8933 NW 172ND HIALEAH, FL 33018** | |

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

**0000 Initial Comments**

A Complaint (CCR # 2015010960) Survey was conducted on . Palmetto ALF II Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies found at time of the survey.

**0077 Staffing Standards - Administrators**

Based on record review and interview the facility failed to appoint in writing a separate Manager for each facility to assist in the operation and maintenance of those facilities.
Findings included:
Record review on showed the facility's Administrator supervised three facilities. Record review found that facility did not have a Manager, the facility failed to appoint a Manager.
During an interview on at 10:04 AM the Administrator stated I did have a Manager for this facility until the end of 2015. She stated we are looking for a new Manager.
Class III

**Z815 Background Screening: Prohibited Offenses**

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for 1 out of 5 (Staff C) sampled staff to providing care and services to a census of six (6) residents and one daycare participant.
Findings included:
Observations on at 9:00 AM found Staff C at the facility assisting residents with activities of daily living.
Record review on showed Staff C (hired on / )'s personnel record had a level II background screening dated . Record review found the facility did not have any evidence that Staff C had an updated background screening within the last five years.
The background screening website showed on that Staff C's current status result stated "a new screening is required."
During an interview on at 10:23 AM the Administrator acknowledged that Staff C needed a new screening.
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palmetto Alf li, Inc
8933 Nw 172nd
Hialeah, FL 33018
**RE: CCR #2015010960**

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 o-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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