RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Palms Assisted Living
7364 Lagoon Road
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967766	01/05/2016
NAME OF PROVIDER OR SUPPLIER **PALMS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **7364 LAGOON ROAD** **SPRING HILL, FL 34606**	

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

0000 Initial Comments

On / a Change of Ownership Licensure survey was conducted at Palms Assisted Living. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a face to face medical examination by a health care provider following a change in condition in 1 of 2 resident records reviewed (Resident #2)
Findings:
1. A review of the medical record for Resident #2 was conducted. It revealed that the resident was admitted under hospice care on .
A record review of the Resident Health Assessment (AHCA Form 1823) did not reveal the change in condition of the admission to hospice care. Furthermore, the Resident Health Assessment (AHCA Form 1823) was completed after the change in condition on .
An interview was conducted with the Manager on / at 4:30 PM. She confirmed Resident #2 was admitted to Hospice care effective . She also confirmed the Resident Health Assessment (AHCA Form 1823) did not document the admission to Hospice for Resident #2.
2. A record review of the Hospice Skilled Nursing Notes for the visit dated revealed Resident #2 has a .
A record review of the Resident Health Assessment (AHCA Form 1823) dated did not reveal the change in condition identifying the presence of a .
An interview was conducted with the Manager on / at 4:30 PM. She stated as per Hospice the Resident does have a . She confirmed that the Resident Health Assessment (AHCA Form 1823) does not document the change of condition ( ) for Resident #2.
Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to obtain a written statement documenting freedom from communicable and evidence of a negative ( ) examination for 1 of 3 staff records reviewed (Staff A).
Findings:
A review of the personnel record for Staff A was conducted. There was no documented evidence of freedom from communicable and a negative examination within the personnel file.
An interview was conducted on / at 4:00 PM with the Administrator/Owner. She confirmed that Staff A does not have a written statement from a health care provider documenting freedom from communicable or a evidence of a negative exam.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment; specifically maintain carpets in a clean and sanitary manner in 4 of 5 resident observed (1, 2, 4 and 5).
Findings:
During the initial tour on / at 8:55 AM it was observed the carpets in 1, 2, 4, and 5 were dirty and stained (Photographic evidence obtained).
An interview was conducted with the Administrator/Owner on / at 9:00 AM. She confirmed the carpets are dirty and stained.
Class III

0167 Resident Contracts

Based on interview and record review, the facility failed to have a refund policy which provides the resident or responsible party to an entitled prorated refund based on the daily rate for any unused portion of payment beyond the termination date of the contract for 2 of 2 sampled residents (Resident #1 and Resident #2).
Findings:
A review of Resident #1's record revealed a contract dated / /. There was no documentation of a refund policy within the contract.
A review of Resident #2's record revealed a contract dated . There was no documentation of a refund policy within the contract. Additionally, there was no acknowledgement of the Residents Rights.
An interview was conducted with the Administrator/Owner on / at 2:26 PM. The Administrator confirmed there was not a refund policy in the Resident Agreement for Resident #1 and Resident #2.. She further confirmed that Resident #2 did not have an acknowledgement of receiving information of Resident Rights.
Class III