

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967521	(X3) DATE SURVEY COMPLETED R 1/1/16
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) revisit survey was conducted on 1/1/16. 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 have a Manager that satisfied the same qualifications of an Administrator. The facility failed to have the Manager's proof of high school education.

Findings included:

Record review on 1/1/16 of the Manager's record revealed that he was hired on 1/1/16. Record review revealed the Manager did not have evidence of high school completion.

Interview on 1/1/16 at 11:00 am to the Administrator acknowledged the Manager's file was not completed.

Uncorrected Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed Attestation in the personnel files of four of four sampled staff (A-D).

Findings included:

Record review on 1/1/16 revealed Staff A-D did not have signed Attestation forms in the files.

During an interview on 1/1/16 at 11:23 AM the Administrator stated, "I did not know that I have to keep the Attestation with the staff's background screening. The Administrator acknowledged that Staff A-D did not have Attestation in their files.

Unclassified Deficiency

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11967521	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY PALMETTO ALF II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8933 NW 172ND HIALEAH, FL 33018	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix AZ815	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>JS</i>	DATE 2/6/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/8/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Palmetto Alf li, Inc
8933 Nw 172nd
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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