STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964369	R
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) revisit survey was conducted on , 2016. Palmetto ALF Inc with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed ensure that one out of five sampled residents (#4) met continued residency criteria.

Findings included:

Observation on at 12:00 p.m. revealed that Staff A fed Resident #4 a pure diet.
Record review on found Resident #4's health assessment (dated on) stated: Resident #4 needed assistance with activities of daily living. Resident #4's special instructions for diet reflected as no added salt, low fat/low . Resident #4 met criteria to live in facility.
The facility's progress notes stated, "Resident needs hospice care on ." Record review found the facility did not have any documentation that a hospice evaluation was completed or that Resident #4's diet requirements changed.
Interview on at 12:25 p.m. to Staff A stated, " Resident #4 needs more assistance, and she cannot walk."
Interview on at 1:55 p.m. the Administrator stated Resident #4 was in process to be on hospice.
Uncorrected Class III

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 proof of the Manager's high school education.

Findings included:

Record review on found the Manager was hired on after take the 26 hour CORE training was completed. Record review revealed that the Manager did not have evidence of high school and/or equivalent at the time of the survey.

Interview on at 1:30 pm the Administrator stated, "Yes, she did not the proof of the high school here at this time, she will request from Cuba and translate it to English."

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

Uncorrected Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11964369 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMETTO ALF INC	6826 WEST 25 COURT HIALEAH, FL 33016

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 A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 2/17/16	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

 EVENT ID: FV7V12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Palmetto Alf Inc
6826 West 25 Court
Hialeah, FL 33016

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 , 2016.**

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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