STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911173	03/02/2016
NAME OF PROVIDER OR SUPPLIER **WHITE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9072 OLD DIXIE HWY.** **LAKE PARK, FL 33403**	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 2, 2016 at White Palms. The facility had deficiencies at the time of the visit.

0083 Training - First Aid and

Based on observation, record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings include:

Review of the personnel files for Staff A and B, who worked various shifts, revealed no current training with a valid cards in First Aid (Staff A) or First Aid and (Staff B).

The written work schedule showed Staff A scheduled for evenings and Staff B scheduled for days. The Administrator and another staff member also worked various shifts. However, on , Staff A was the only staff member observed at times (11:00 AM and 1:00 PM) with residents in the licensed ALF portion of the property.

The Administrator was interviewed at approximately 1:30 PM on / and acknowledged that the documentation was not present and available for review for these staff members. The Administrator was unable to provide any additional documentation at this time.

Class III

0162 Records - Resident

Based on record review and an interview, the facility failed to ensure a resident who received assistance with activities of daily living (ADL's) had their weight recorded semi-annually, for 1 out of 2 sampled residents' records reviewed (Resident #2).

The findings include:

Record review revealed Resident #2 was admitted to the facility on / . Review of Resident #2's

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Health Assessment revealed the resident required assistance with Activities of Daily Living (ADL's). The resident's record showed the following documented weights:

a) 2014-164
b) 2014-169
c) 2015-179
d) 2015-184

During interview with the administrator at 1:30 PM on / , she acknowledged the lapse of more than 6 months between the recorded weights. The Administrator was unable to provide any additional documentation at this time.

Class III

0167 Resident Contracts

Based on record review and an interview, the facility failed to ensure that the resident contract contained all required components, for 2 out of 2 sampled residents (Resident #1 and #2).

The findings included:

On / , the contracts for Resident #1 and #2 were reviewed and contained the following provisions for distribution of a refund:

"In the event of or discharge due to medical reasons, (the facility) shall return all deposits, funds and property held in trust to the personal representative of the . If no-one has been appointed, within ten (10) days of the of the resident, funds and property held in trust will be released to the spouse of the resident or next of kin as stated in the resident file. Resident may designate a beneficiary to receive any funds, refunds, and property. If no beneficiary is designated, funds will be dispensed in accordance with Florida law."

Chapter 429.24(3), Florida Statutes, indicates the following:

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"The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date..."
During review of the contract and interview with the Administrator at 1:30 PM on / , she was unable to locate the aforementioned provision required by statute in the resident contract. The Administrator was unable to provide any additional documentation at this time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

:, 2016

Administrator
White Palms
9072 Old Dixie Hwy.
Lake Park, FL 33403

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on :, 2016 by a representative 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 26, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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