STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	05/11/2016
NAME OF PROVIDER OR SUPPLIER **ST MARY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 SOUTH DIXIE HIGHWAY** **WEST PALM BEACH, FL 33405**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016001598, was conducted on 5/04/16 and 5/11/16 at St. Mary's Assisted Living Facility. The facility had deficiencies identified at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on resident record review and staff interview, the facility failed to provide a 45 day written notice of relocation which included reason(s) for the relocation, per regulation, for 3 of 3 residents whose notices of relocation were reviewed (Residents #1, #2, and #3).

The findings include:

On , a review was conducted of the 45-day written notices of relocation/discharge given by the facility to Residents #1, #2, and #3. These 45-day notices contain the name of the resident, the date the notice was given, and the signature of either the administrator and/or Owner of the facility. The body of the notice for each resident contains the following statement(s): "This is your 45 day notice to find another assisted living facility. If you need help finding another facility please let me know and I will be more than glad to assist you."
Further review of the notices revealed no where within the 45-day Notice of Relocation/Discharge provided to these residents is there a written explanation as to the reason for the notice of relocation, as is required in the Residents' Bill of Rights [429.28(1)(k)] .

On . . / . . at 2:00 PM, the Administrator stated that Residents #1, #2, and #3 were verbally made aware of the reason(s) they were given a 45-day notice of relocation/discharge. However, the 45-day written notice provided to Residents #1, #2, and #3 did not contain these reason (s) in writing. The Administrator was unable to provide any further written documentation indicating an explanation for discharge was provided in the notice. The Administrator stated no further information was available for review.

Class III

0160 Records - Facility

Based on facility record review and staff interview, the facility failed to maintain an up-to-date admission and discharge log.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	**05/11/2016**
NAME OF PROVIDER OR SUPPLIER **ST MARY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 SOUTH DIXIE HIGHWAY** **WEST PALM BEACH, FL 33405**	

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

The findings include:

During review and comparison of the facility's Admission and Discharge Log with the current Census List on , it was noted the log was inaccurate and incomplete. The Admission and Discharge Log did not have a discharge date, reason for discharge, and identification and address to where the resident was discharged for Residents #1, #4, #5, and #6.

On / at approximately 11:15 AM, the Administrator confirmed Residents #1, #4, #5, and #6 were no longer residing at the facility. The Administrator confirmed each of these residents had been previously discharged, and the Admission and Discharge Log had not been updated with the discharge information at that time.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
St Mary's Assisted Living Facility
7001 South Dixie Highway
West Palm Beach, FL 33405

RE: CCR #2016001598

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on I, 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 , 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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