STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967082	06/02/2016
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8640 SW 185 STREET** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Change of Ownership Survey was conducted on . . . . . Silver Palm ALF III LLC, license #11170, had the following deficiencies at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to met continued residency for 2 of 4 (Resident #1 and #2) facility residents.

Findings as follow:

On . . . . . at 8:50 a.m. Residents #1 and #2 were observed in bed, awake. On . . . . . at 9:00 a.m. observed Staff C assisting Resident #1 with self administration of medications.

Record review showed Residents #1 and #2 are under Hospice care.
The Health Assessments of Resident #1 (dated . . . . .) and Resident #2 (Dated: . . . . .) stated the residents required medication administration.

On . . . . . at 12:50 p.m. the facility Administrator stated Residents #1 and #2 need assistance with self administration of medications and not medication administration.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have doors for the closets at the facility.

Findings as follow:

On . . . . . at 8:55 a.m. observed . . . . . #1 and #2 closets had no doors, clothes were exposed. Also observed the linen closet in hallway near . . . . . # 1 had no door.

On . . . . . at 12:38 p.m. the facility's Administrator acknowledged the closets of . . . . . # 1 and #2 had no doors and linen closet had no door.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 of 4 (Resident #1) facility residents.

Findings as follow:

Record review showed the contract between Resident #1 and the facility was signed by a family member. Record review showed the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #1, admitted on .

On at 12:45 a.m. the facility's Administrator acknowledged the contract between resident #1 and the facility was signed by a family member and the facility had no a legal paper that authorized that.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2016

Administrator
Silver Palm Alf Iii, Llc
8640 Sw 185 Street
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Change of Ownership licensure survey that was conducted on , 2016 by representative(s) 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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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