RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Silver Palm Alf Ii Llc
10241 Sw 134 Avenue
Crossings, FL 33186

Dear Administrator:

This letter reports the findings of a standard biennial state 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis,
Field Office Manager

AMD/sb
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966844	12/06/2016
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10241 SW 134 AVENUE** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 06,2016. Silver Palm ALF II LLC (License #11099) had deficiencies identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the provider failed to ensure that the health assessment (AHCA form 1823) for 1 out of 4 residents was completed in its entirety (#1).

Findings include:

A review of resident #1's health assessment revealed it did not contain any information in the diet order section. Further review of resident #1's health assessment revealed the physician did not document the status of whether or not resident #1 requires 24-hour nursing or care.

On at 10:36 AM, the Administrator reviewed resident #1's health assessment and acknowledged it did not contain any information in the diet order section and the physician did not document the status of whether or not resident #1 requires 24-hour nursing or care.

On at 12:22 pm the Administrator stated that the resident eats puree food.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, observation and interview, the provider failed to ensure the medication observation record for 1 out of 4 residents was accurately maintained (#4).

Findings include:

A review of resident #4's medication observation record revealed for the medication 4 mg was scheduled to be given in the AM for date and was initialed by staff on date showing that it had been given.

Observation conducted on at 11:45 AM, of the medication .4 mg for date was still inside of the medication card.

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On 12/06/2016 at 11:45 AM, the Administrator observed the medication 4 mg medication card and the medication observation record. The Administrator acknowledged the discrepancy and stated that resident #4 takes the medication at night.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review,observation and interview, the provider failed to ensure that all medications were properly labeled for 1 out of 4 residents (#4).

Findings include:

A review of resident #4's medication observation record showed the medication sol 8%.

Observation conducted on at 11:47 AM, of the medication sol 8% revealed it was not labeled and the facility did not have the original packaging.

On at 11:47 AM the administrator acknowledged that the medication sol 8% was not labeled and they did not have the original packaging for the prescribe medication.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to have 1 out of 4 Staff (Staff C) trained in assisting residents with self administration of medications.

Findings:

Record review showed the facility failed to provide documentation of the initial 4 hour medication training for Staff C, hired on

On at 1:00 p.m. the Administrator stated Staff C assists residents with self administration of medications and acknowledged the facility had no documentation of the 4 hour initial medication training for this Staff.

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Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the provider failed to ensure that the resident record for 1 out of 4 residents (#1) included a completed health assessment form (AHCA form 1823) and physician order for puree food.

Findings include:

A review of resident #1's health assessment revealed it did not contain any information in the diet order section. Further review of resident #1's health assessment revealed the physician did not document the status of whether or not resident #1 requires 24-hour nursing or care.

On at 10:36 AM, the Administrator reviewed resident #1's health assessment and acknowledged it did not contain any information in the diet order section and the physician did not document the status of whether or not resident #1 requires 24-hour nursing or care.

On at 12:22pm the Administrator stated that the resident eats pureed food.

Record review revealed no documentation of an order for puree food.

On at 12:24pm, the Administrator acknowledged resident #1's record did not contain an order for pureed food.

On at 12:26pm, observed staff feed resident #1 pureed food.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to provide documentation that 1 out of 4 Staff (Staff C) was trained in working with Limited Mental Health residents.

Findings as follow:

Record review showed:

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The facility holds an standard license with Limited mental health component.

There was no documentation of the Limited Mental Health training for Staff C, hired on 12/24/2015.

On 12/06/2016 at 1:00 p.m. the Administrator acknowledged the facility had no proof of the Limited Mental Health training for Staff C.

Class III