STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967521	01/30/2017
NAME OF PROVIDER OR SUPPLIER **PALMETTO ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8933 NW 172ND** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A standard biennial survey was conducted 30th, 2017. Palmetto Alf II, Inc. with Limited Nursing Services and Limited Mental Health components and license number 11553 had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have an updated health assessment after a resident was admitted to hospice services for one (Resident #3) out of six sampled residents.

Findings included:

Review of Resident #3's record revealed that admission date to hospice services was on / /. Health assessment (AHCA form 1823) completed on / did not show that resident received hospice services.

An interview on / / at 8:19 AM Resident #3 revealed that Resident #3 received hospice services while stated "I look like the apple pretty outside but I'm not good inside."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that caregivers assisting with self-administration of medication immediately update the Medication Observation Record (MORs) each time the medication is given to three (Residents #1, #3 and #4) out of six sampled residents.

Findings included:

Review of Resident #3's MORs revealed that 30 mg with order of taking one tablet via oral three times a was not initialed as given on / at 2 PM and 8 PM; Cal 40 mg with order of taking one tablet via oral daily was not initialed as given on / at 8 PM. 20 mg with order of taking one and a half tablet in the morning and one tablet was not initialed as given on / at 8 PM neither on / / at 8 AM. None of medicines for / / at 8 AM were initialed as given.

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Review of Resident #1's MORs revealed that none of Resident #1's medicines for 01/30/17 at 8 AM were initialed as given.

Review of Resident #4's MORs revealed that none of Resident #4's medicines for / / at 8 AM were initialed as given.

In an interview on / at 8:10 AM Caregiver A revealed that all residents in the facility already took their medicines and that Caregiver C gave 8 PM medicines last night. Further interview Caregiver A stated "We are not enough; I gave it but I forgot to sign it. Yesterday, I took a chocolate and I had bad stomach today and I haven't finished initialing the book. Sorry, it hasn't happened before."
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living Facility failed to keep centrally stored medicines locked at all times.

Findings included:

Observation on / at 8:04 AM revealed that medication cabinet was unlocked and unattended in the dining .
An interview on / / at 8:05 AM Caregiver A stated "It was because I just took the Voltaren."
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Caregiver B) out of seven staff staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Findings included:

Review of Caregiver B's personnel file revealed that there was not a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

An interview on / at 1:27 PM the Administrator stated, "she hasn't bring it."

Class III

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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on / / at 7:50 AM revealed that Caregivers A and B were the only staff in the facility at time taking care of six residents.

Review of facility's record revealed that 2017's staffing pattern was posted in the bulletin board and showed on / Administrator from 12 AM to 7 AM, Caregiver A from 7 AM to 12 AM and Caregiver E from 7 AM to 7 PM. Caregiver C was not included in 2017's staffing pattern.

An interview on / / at 8:33 AM Caregivers A and B revealed that they started to work at 6 AM and Caregiver C finished at 5 AM.

An interview on / at 8:38 AM the Administrator stated, "No, I didn't work last night."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review, interview, and observation, the Assisted Living Facility failed to maintain the eligibility results of employee screening in the employee's personnel file for the Administrator.

Findings included:

Review of Administrator's personnel record revealed that her hire date was on as caregiver Job description for Administrator on / / . Last background screening result in record on / showed that it was done on / . Review of Administrator's background screening result revealed that her last screening was performed on / / .

An interview on / at 11:25 AM the Administrator revealed, "It should be in the record."

Observation on / at 11:40 AM revealed that Caregiver E went out of the facility. Further observation revealed that at 11:51 AM Caregiver E returned to the facility with new background screening for Administrator.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status must be reported within 10 business days.

Findings included:

Review Background screening website for providers showed that facility's employee roster did not include Caregiver A.
Review of Caregiver A's personnel file revealed that hire date was .

An interview on / at 8:17 AM the Caregiver A revealed that she was new in the facility; she has been working in for two months.
Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the Assisted Living Facility failed to ensure that a caregiver who

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has had a break in service from a position that requires level 2 screening for more than 90 days had level 2 background rescreening.

Findings included:

Review of Caregiver A's personnel record revealed that hire date was on . Job application did not include any previous job reference. Background screening result in record showed eligible determination .

An interview / at 11:53 AM Caregiver A revealed that she used to work in another home (ALF since 2016 until 2016); before Caregiver A used to take care of a lady but it was private for 6 or 7 months.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Palmetto Alf Ii, Inc
8933 Nw 172nd
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2017 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida