STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953544	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2131 NW 28TH STREET** **OAKLAND PARK, FL 33311**	

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

0000 - Initial Comments

An unannounced relicensure survey with limited Mental Health (LMH) was conducted on at Palms Villa (License #4990). The facility had deficiencies identified at the time of the visit.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide a living environment, free of hazards, safe and homelike in 5out of 6 (# , #2, #3, #4 and #5), and in the common areas.

The findings include:

During an environmental tour conducted at the facility on at 9:00 AM, it was observed that:

1) A couch in the facility's common area at the Entrance of the facility was in disrepair.
2) There was no closet space for Resident #6 and Resident #8 to hang their clothes in # .
3) The wall at the entrance of # was plastered and not repainted.
4) There was no fitted sheet on Resident #7's bed in # .
5) The footboard of the bed in # was in total disrepair, the on the wood was peeling off.
6) Resident # 6's fitted sheet (#) was noted torn in multiple areas
7) There were cobwebs observed in # and #4 above the resident's bed close to the ceiling.
8) The return vent in the common area and in the residents' , to # was heavily covered with dust.

During an interview conducted with the Administrator during the tour, he acknowledged the findings. However, he reported that he had not completed any repairs on the wall, and/or replaced any torn furniture because he is planning on renovating a section of the facility. He stated that he was compiling bids in order to secure the best deal. But, he did not have any contract or a stated date of repair.

Class III

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

Based on record review and interview, the facility failed to ensure that 2 out of 3 sampled employees (Employee B & C) had completed the required 3 hour Limited Mental Health (LMH) training update.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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During record review on , it was noted that Employee B and C are active employees at the facility who work afternoon and evening shifts. The information was verified and confirmed by the Administrator during the record review.

Employee B was hired on and completed the initial LMH training on (6 hrs.); Employee C was hired on and completed the initial 6 hours LMH training on . Further review indicated that neither Employee B nor C had completed the required 3 hours Limited Mental Health Training update.

An interview with the Administrator confirmed the findings and confirmed that the facility holds a LMH license. No additional information was provided at the Exit meeting.

Class III