

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967082	(X3) DATE SURVEY COMPLETED R 05/10/2017
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 complaint (CCR #2017000424) revisit survey was conducted on , 2017. Silver Palm ALF III, LLC with limited mental health component and license number 11170 had the following deficiency identified at the time of the survey: 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the Assisted Living 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 two (#4 and #5) out of five sampled residents. Findings included: Review of Resident #5's record revealed that Resident #5's son signed the contract (Resident agreement) on . There was no documentation of Power of Attorney/ Health Care Surrogate/ Guardianship in record at time of the survey. Review of Resident #4's record revealed that Resident #4's brother signed the contract (Resident agreement) on . There was no documentation of Power of Attorney/ Health Care Surrogate/ Guardianship in record at time of the survey. An interview on at 1:44 PM the Administrator revealed that Resident #5's son did not want his mother to sign anything and he said that he has the POA (Power of Attorney) document but the facility did not have it. Uncorrected Class III		

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