| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11932642 | R<br>06/19/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**GREEN PALMS HOME, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**17430 SW 118 PLACE**<br>**MIAMI, FL 33177** | |

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

**0000 - Initial Comments**

A Revisit Monitoring Survey was conducted on 06/19/2017. Green Palms Inc license #8287 with Limited Mental Health component had the following deficiency found at the time of survey:

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on interviews and observation, the facility failed to honor resident rights by not allowing the residents to remain in their home at all times for one out five residents (Resident #1).

Findings Included:

On at 11:56 AM interview with Resident #1 stated, "I went over to the other facility on Friday, I was there from 10:00 AM to 2:00 PM. I do not know why I was taken over there."

A review of facility's admission and discharge log revealed Resident #1 was admitted on .

Class III