STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Palace Retirement Home Assisted Living (License#7949) had deficiencies at the time of the visit.

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

Based on personnel record review and interview, the facility failed to obtain documentation or evidence from a healthcare provider or Florida Department of Health of a negative result for a ( ) examination on an annual basis for 4 of 5 sampled staff (A, B, C and E) that provide direct care to residents.

Findings:

1. Staff A's personnel record review revealed date of hire . Further review revealed that there was no documentation or evidence of a negative annual exam on file by the healthcare provider or Department of Health. The last exam was completed on .

2. Staff B's personnel record review revealed date of hire . Further review revealed that there was no documentation or evidence of a negative annual exam on file by the healthcare provider or Department of Health. The last exam was completed on .

3. Staff C's personnel record review revealed date of hire . Further review revealed that there was no documentation or evidence of a negative annual exam on file by the healthcare provider or Department of Health. The last exam was completed on .

4. Staff E's personnel record review revealed date of hire . Further review revealed that there was no documentation or evidence of a negative annual exam on file by the healthcare provider or Department of Health. The last exam was completed on .

On at 2 PM, an interview with the Administrator who confirmed the findings.

Class III