STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964350	**10/24/2017**
NAME OF PROVIDER OR SUPPLIER **PALMETTO SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3157 WEST 78 PLACE** **HIALEAH, FL 33016**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2017. Palmetto Senior Care Inc. (License #9143) had a deficiency identified at the time of the survey:

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have an updated health assessment completed after a significant change in activities of daily living for 1 out of 4 sampled residents (Resident # 4).

Findings included:

Record review revealed Resident #4 had been receiving hospice services since . The last health assessment was completed on and it stated the resident required assistance with self-administration of medications and required total assistance with activities of daily living.

On at 10:30 AM the Administrator stated that the resident is able to feed herself but since she is under hospice the doctor wrote total assistance.

On at 12:10 PM observed the resident eating sitting on the bed. She was feeding herself and stated that the food was super good.

Class III