STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910339	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **PARK OF THE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **231 MARANATHA RD** **KEYSTONE HEIGHTS, FL 32656**	

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

0000 - Initial Comments

On , 2017 an abbreviated relicensure survey with Extended Congregate Care (ECC) was conducted at Park of the Palms Assisted Living (License #5265). Deficient practice was identified during the survey.

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

Based on document review and staff interview the Facility failed to provide evidence of a statement from a health care provider showing no signs of a communicable . . . . . for 1 of 4 employee files reviewed (employee A).

The findings Include:

1) The file of Employee A with a hire date of did not contain a statement from a health care provider indicating freedom from communicable . . . . . .

2) During an interview with the Administrator on at 11:45 AM she stated Employee A did not have a statement indicating freedom from communicable . . . . . .

Class III