STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967082	**01/03/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF III, LLC	**8640 SW 185 STREET** **MIAMI, FL 33157**

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at Silver Palm ALF III, LLC on had deficiencies identified at the time of the survey. License #11170.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medications locked at all times.

Findings included:

On at 8:01 AM observed the unlocked medication cabinet in living .

On at 11:00 AM the Administrator stated ,"We have a lock and key, but I know sometimes the staff forgets to lock the medication cabinet."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule that reflects its 24-hour staffing pattern and did not meet the minimum 212 staff hours per week requirement for the six residents in the facility.

Findings include:

On at 7:50 AM observed Staff C alone in the facility caring for a census of six residents.

A review of the facility's staffing schedule showed that on , 2018 Staff C was the only staff scheduled from 7:00 AM- 7:00 PM, there was no staff scheduled for the 7:00 PM- 7:00 AM shift.

On at 9:12 AM the Administrator stated ,"I had to print the schedule from the other facility because my printer here is not working. I had one lady that quit recently, I know my staff hours are not enough. Staff C will work the night shift."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967082	**01/03/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF III, LLC	**8640 SW 185 STREET** **MIAMI, FL 33157**

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

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and record review, the facility failed to follow the posted menu. The facility failed to document substitutions on the menu before or when the meal was served.

Findings included:

On at 8:30 AM observed food served to residents were Cuban croquets, toast with butter, and hot chocolate.

A review of the facility posted menu had hot or cereal, toast with margarine, and a cup of milk. The staff did not document the change on the menu before or during when the meal was served.

Class III