STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911829	R 03/19/2018
NAME OF PROVIDER OR SUPPLIER **CENTRAL PALACE RESIDENTIAL,**	STREET ADDRESS, CITY, STATE, ZIP CODE **4491 SW 8 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A complaint survey (CCR #s 2017014045 and 2017013803) revisit was conducted on . . . . . through . . . . . . Central Palace Residential, License # 7107, with Limited Mental Health and Limited Nursing services components, had the following deficiencies identified at the time of the visit:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have an accurate health assessment for 3 out of 54 facility residents (Residents #6, 8 and 11). The facility also failed to provide documentation of an annual Fire inspection.

Findings :

1) A review of the resident records showed that there was no documentation of a new health assessment for residents #6, #8 and #11, who eloped on several occasions.

Health assessment review showed that health assessments for Residents #6 (dated), Resident #8 (dated . . . . .) and Resident #11 (dated . . . . .), stated residents were not an elopement risk. A review of the resident records showed there was no documentation of a new health assessment for Residents #6, #8 and #11 that eloped on several occasions. Further review showed: Resident #6, admitted on had diagnoses of , , Chronic, type( ), and , , ... The resident was identified as independent with all activities of daily living. The resident needed assistance with medications. Resident #8, admitted on had diagnoses of: . . . , ... II, ... , , ... , , ... The resident was independent with ambulation, toileting and transferring, and needed supervision with bathing, dressing, eating and self care. Resident #11 admitted . . . . . , had diagnoses of: , ... , and . The resident was independent with Activities of Daily Living. He needed assistance with self-administration of medications.

On . . . . . at 12:30 p.m., the Administrator stated that she did not obtain a new health assessment for Residents #6, #8 and #11 because she had to follow what the Doctor said. She further stated that the facility had no other residents at risk of elopement.

2)
Based on record review and interview the facility failed to provide documentation of an annual Fire inspection.

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Findings:

Record review showed the facility's last Fire inspection available for review was dated [redacted].

On [redacted] at 12:30 p.m. the administrator stated that she had called the Fire Department several times and they had not come for inspection.

Class III