STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11271 SW 229 TERRACE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Silver Palm ALF Corp. (License #11069) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on interview and record review, the facility failed to provide social, recreational or educational, and other activities for all residents. The facility failed to have calendar posted for activities 6 days a week for a total of not less than 12 hours per week

Findings included:

On at 10:50 AM Resident #2 stated "We do not have any activities here."

On at 10:23 AM Resident #3 stated "We do not do any activities, I mostly watch television."

On at 11:01 AM Resident #4 stated "We do not do much because the rest of the residents are not able to participate."

A review of the facility's bulletin board revealed the activities calendar posted did not have the time the activities were conducted.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review, observation and interview the facility failed to follow the correct procedure as outlined by the state, when assisting 1 out of 4 sampled resident with self-administration of medications (Resident #2). The staff failed to give medications to Resident #2 one hour before or one after documented time on the medication observation records (MORs).

Findings included:

A review of medication observations records revealed Resident #2 was prescribed to take , 20 MG, , 81 MG, , 10 MG, 28 MG, , 2.5 MG, , 50 MG, 10 MG, D 8000, , , 20 MG, and , 250 MG at 8:00 AM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11271 SW 229 TERRACE** **MIAMI, FL 33170**	

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

On at 9:45 AM observed Staff D assist with self-administered of medications to Resident #2. The medication was given on hour and forty five minutes after the time the medication was prescribed.

On at 10:00 AM Staff D stated in an interview, "I gave Resident #2 the medication at this time because she sleeps late and I usually wait until she gets out of bed."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to provide documentation of an updated Emergency Management Plan submitted and approved by the local agency.

Findings included:

Record review showed the facility's last Emergency Management Plan approval letter was dated

On at 1:12 PM Staff A stated in an interview, "I already submitted the Emergency plan to be approved, I am waiting for the agency to send me the approved one."

The facility did not provide any documentation that the plan was submitted to the agency.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11271 SW 229 TERRACE** **MIAMI, FL 33170**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the background screening's clearinghouse and any have changes in status reported within 10 business days.

Findings included:

A review of the background screening database revealed Staff D was hired on [redacted] and was not listed on the facility roster.

On [redacted] at 1:20 PM Staff A stated in an interview, "We will add Staff D on the roster. She just recently started working for me."

Unclassified