STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965856	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **PALM MANOR ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 SW 20TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at The Palm Manor ALF (License #10177). The facility had deficiencies identified at the time of the visit.

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

Based on observation, record review and interview, the facility failed to safely and properly disposed of unused medications.

The findings included:

An inspection of the facility's medication cabinet was conducted on [redacted] and revealed the following:
1) Four loose pills were found in one of the medications cabinet drawer (one yellow and three light blue in color).
2) Multiple medication packages were still at the facility although the resident to whom they belonged was no longer at the facility. The medications were: 31 DOK 100 MG softgel; Milk of Magnesia Concentrate 100 ml; [redacted] 500 mg tablet (9 pills in the packet); [redacted] 5 mg tablet (8 pills in the packet); and [redacted] 25 mg tablet (8 pills in the packet); [redacted] 0.4 MG cap; [redacted] 5 mg Tablet etc.

During an interview with the Administrator on [redacted] at 3:30 PM, she reported the packaged medications belonged to a non-sampled resident discharged from the facility on [redacted] and she agreed with the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on records review and interviews, the facility failed to ensure that 1 of 3 sampled employees (Employee D) completed the Resident's Rights training.

The findings included:

On [redacted] during employees' files review, evidence of Resident's Rights Training was missing for Employee D. There was no evidence of the training in Employee D's record. Employee D hired on [redacted] had however completed all other trainings. During an interview with Employee D on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965856	05/02/2018
NAME OF PROVIDER OR SUPPLIER **PALM MANOR ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 SW 20TH STREET** **MIRAMAR, FL 33023**	

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

at 10:48 AM, she confirmed that she has been working at the facility since .

During an interview with the Administrator, on at around 2:30 PM, she reported that she omitted to give the training to Employee D. She provided no verification that the training was completed.

Class

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on records review and interviews, the facility failed to ensure that 1 of 3 sampled employees (Employee D) completed the Bi-Annual recertification for - training ( ), at all times.

The findings included:

On during review of the employees' files, evidence of a training was missing for Employee D. In the record, there was indication that Employee D last completed the training in 2015 and that the certification card was valid from to . Employee D hired on currently works at the facility during the morning shift as indicated on the staffing schedule. During an interview with Employee D on at 10:48 AM, she reported that she works at the facility daily from Monday to Thursday during the day.

During an interview with the Administrator on at 11:39 AM, she confirmed the findings and indicated that she will have Employee D complete the certification.

Class III

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

Based on record review and interview the facility failed to register one of three sampled employees (Employee D) in the clearinghouse upon hiring.

The findings included:

Review of the employees' records revealed that Employee D, an Aide was hired on and works at the facility Monday through Thursday (day Shift). Interview conducted with Employee D on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965856	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **PALM MANOR ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 SW 20TH STREET** **MIRAMAR, FL 33023**	

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

at 10:48 AM,confirmed that Employee D was hired on the indicated date, and that she is still an active employee of the facility. Verification of the background screening website revealed that Employee D was not registered in the Clearing House.

During an interview with the Administrator on at around 11:30 AM, she indicated that she omitted to add Employee D to the Roster.

Unclassified.