

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966977	(X3) DATE SURVEY COMPLETED 06/07/2018
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 Complaint Survey (CCR#2018004429) was conducted on Silver Palm ALF Corp. with Limited Mental Health Component (license #11069) had the following deficiencies found at the time of the survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview the facility failed to appoint a separate Manager, the Manager supervised more than one facility. Findings included: Review of the health finder database revealed the Manager/ Assistant Administrator supervised three facilities. Record review showed the facility failed to appoint a separate manager. On at 12:15 PM the Administrator stated that she was not aware of this and that she thought that by having the same Assistant Administrator on the three facilities it was enough. She said that she was going to make sure to get an Assistant Manager for the other facilities. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern. Findings included: On at 7:50 AM at the time of arrival, observed Staff C alone in the facility taking care of five residents. Record review revealed Staff C was scheduled to work from Sunday to Friday 7:00 AM to 7:00 PM and Staff A was scheduled to work from 7:00 AM to 7:00 PM Sunday to Friday. On at 8:30 AM the Administrator arrived at the facility, she stated, "I came late because of the traffic."		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966977	(X3) DATE SURVEY COMPLETED 06/07/2018
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)		
Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview the facility failed to ensure that unlicensed staff that assist residents with self-administration of medications receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for one out of four sampled staff (Staff C). Findings included: Review of Staff C's record revealed that she had taken 4 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility dated The facility did not have the 2 hour updated on file. On at 12:15 PM the Administrator stated that she thought that Staff C had all the training up to date and that she was going to send her to do the training as soon as possible. Class III		