STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965945	**09/17/2018**
NAME OF PROVIDER OR SUPPLIER **PALM TERRACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5121 EAST SERENA DRIVE** **TAMPA, FL 33617**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a Complaint survey (CCR# 2018011812 and 2018012182) survey in conjunction with a revisit to a Complaint (CCR#2018007033) survey was conducted at Palm Terrace Assisted Living. At the time of the survey, Palm Terrace Asssited Living Facility had deficient practice.

(license #10256)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview the facility failed to honor the rights of all residents residing in the facility (66) by failing to ensure residents, their responsible parties and their healthcare providers have access to a telephone for communication with the facility after the hours of 5:00 PM.

Findings Included:

During a record review of a local hospital report dated - for Resident #1, it revealed the hospital attempted contact via telephone with the facility to discharge the resident for several hours with no response.

During an interview with the Administrator on at 11:48 AM they stated no one answers the facility telephone after 5:00 PM.

During an interview with the Administrator on at 1:06 PM they stated the local police department came out for a wellness check due to a local hospital calling for several hours to discharge Resident #1 with no response from the facility.
The Administrator stated if they need to speak to someone at the facility they call the staff's personal cell phone, although personal cell phones are optional.

Class III