

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/15/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965945</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>09/17/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PALM TERRACE ALF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5121 EAST SERENA DRIVE<br/>TAMPA, FL 33617</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>On 09/17/2018, a monitoring for compliance with the Emergency Environmental Power Plan was conducted at Palm Terrace Assisted Living Facility. Deficiencies were identified at the time of the visit.</p> <p>(license #10256)</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observation, record review and interview the facility failed to have documentation of completing all necessary requirements pertaining to the emergency management plan, including policies and procedures, staff training, written notice to residents and . . . . monoxide detectors.</p> <p>Findings Included:</p> <p>During a review of the facility's Emergency Management Plan on . . . . at 1:00 PM it was revealed that the facility had submitted their plan and received approval on . . . .</p> <p>Based on observation on the date of survey from 9:30 AM-4:00 PM, no . . . . monoxide detector was observed.</p> <p>During an attempted record and review and interview with the administrator on . . . . at 1:30 PM, the administrator confirmed the following: the facility failed to develop and implement written policies and procedures to ensure that the staff could effectively and immediately activate, operate and maintain the equipment.</p> <p>The facility failed to prepare and train staff on their policy and procedure to ensure the employee's have a working knowledge.</p> <p>The facility did not have documentation pertaining to the required written notice given to residents and their representatives of the plan.</p> <p>The facility did not have a . . . . monoxide detector. The Administrator stated they did not know it was necessary to have the detector.</p> |                                                                                            |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PALM TERRACE ALF</b>                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5121 EAST SERENA DRIVE<br/>TAMPA, FL 33617</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                |                                                                                            |                                                     |
| <p>During an interview with the Administrator on ..... at 1:00 PM they stated they were in the process of preparing a written notice for the residents and their representatives.</p> <p>Class III</p> |                                                                                            |                                                     |