STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966844	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10241 SW 134 AVENUE** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . . . Silver Palm ALF II (License #11099) had the following deficiencies identified at the time of the survey:

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have the additional 2 hours of training that focuses on the topics listed in the rule 58 A-5.0185. F.A.C before assisting with self-administered medication for 1 out 5 sampled staff (Staff A).

Findings included:

A review of Staff A's employee file showed there was no documentation of the additional 2 hours of training in topics related to assistance with self-administered medication.

On . . . . . at 1:00 PM the Administrator stated "I am in the process of completing the training."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review the facility failed to develop a written policies and procedures, a plan, and to notify each resident or resident representative documenting implementation of the plan to ensure the safety of the residents in case if a declared emergency.

Findings included:

A record review of the resident records showed there was no documentation of a written policies and procedures notifying each resident or resident representative of the emergency plan.

On . . . . . at 12:55 PM the administrator stated "We were not aware we had to provide that letter to the residents informing them of the emergency plan. I will make sure we provide that information to the residents."

Class III