

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963914	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER COURT AT PALM AIRE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 NORTH COURSE DRIVE POMPANO BEACH, FL 33069	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at The Court at Palm Aire, License #5961. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to ensure each staff member had documentation of a negative examination from a Healthcare Provider on an annual basis, for 1 of 3 sampled staff members (Staff C).

The findings included:

Record review of Staff C personnel file revealed a hire date of Further review revealed Staff C provides direct care to residents at the facility. A review of the last Communicable statement and the for Staff C was documented as

An interview was conducted with the Administrator. She acknowledged the findings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was submitted and approved on an annual basis by the local emergency management agency.

The findings included:

On a review of the CEMP form was conducted. It was revealed that the application receipt was dated The expiration date for the approval plan was dated However, the facility was unable to provide proof a current CEMP approval letter.

On at 12:30 PM, an interview was conducted with the Administrator, who acknowledged the findings. The facility provided no further documentation for review.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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