STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969165	**04/09/2019**
NAME OF PROVIDER OR SUPPLIER **ALLISON & ROSA PERSONAL TOUCH ASSISTED LIVING FACI**	STREET ADDRESS, CITY, STATE, ZIP CODE **9530 HALL BLVD** **WEST PALM BEACH, FL 33412**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey at Allison & Rosa Personal Touch ALF was conducted on , license #13019 . The facility had a deficiency at the time of the survey.

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation and interview, the facility failed to ensure that an unannounced inspection could be conducted on 1 of 1 occasions.

Findings include;

The survey arrived at the facility on at 8:10 AM in order to conduct a Limited Nursing Services Monitoring Visit. The facility is surrounded by a wood fence with multiple locked gates. There were three vehicles parked and visible inside the enclosure. The front gate has a buzzer on the post instructing visits to push the button and staff would then let them in. The surveyor pushed the button three times within a fifteen minute span with no response. The surveyor then called the facility using the phone numbers painted on the visible facility van. Repeated calls were made to both phone numbers over a one hour period with no response. The surveyor observed a male exit a separate building on the property and asked him if anybody was at the facility. He stated that there were residents, but nobody was answering when he knocked on the door and he had no way to get inside. The surveyor informed the office who also called the facility's phone number at 10:45 AM, no answer.

As of at 12:10 PM, the facility has not returned any of the surveyors calls.

Class III