STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968090	**04/01/2019**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8200 SW 43RD TERRACE** **MIAMI, FL 33155**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain 1 out of 7 employee's status within the clearinghouse (Staff G).

Findings as follow:

On at 10:00 AM the Administrator stated the facility had Staff A, B, C, D E and F working in facility and he proceed to provide their records for review.

Review of the background screening clearinghouse database review showed Staff G was listed as a current staff.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation and interview the facility exceeded its licensed capacity of six beds. The facility had a census of seven residents.

Findings as follow:

On at 8:50 AM during the facility tour Staff B stated the facility had 6 residents and a day care client (Resident #7).

On at 9:35 AM an interview, Resident #7 stated he slept in # , then he said " look this is my closet were I have my clothes." he opened the closet door and showed several clothes hanging on.

On at 2:00 the Administrator stated the facility had 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7)

Unclassified

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0000 - Initial Comments

A Biennial Survey was conducted at Park Place Assisted living Inc on . . . . Deficiencies were identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have a fire inspection conducted on annual basis.

Findings as follow:

Record review showed the facility's last fire inspection was conducted on . .

On . . . . . at 11:00 AM the Administrator stated he had requested the fire inspection to the local agency but they haven't come to conduct one.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview the facility failed to have documentation that 1 out of 6 sampled staff (Staff B) received a minimum of 2 hours of medication continuing education training annually.

Findings as follow:

Record review showed Staff B's last medication training was dated . The facility had no documentation of an updated medication training for Staff B.

On . . . . . at 2:30 PM the Administrator stated Staff B had to complete the 2 hour medication training.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to have documentation that 4 out of 6 (Staff B, D,

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E and F) received nutrition and food service training by a qualified trainer.

Findings as follow:

Record review showed the facility failed to have documentation that Staff B, D E and F received nutrition and food service training from a qualified trainer.

On . . . . . at 2:30 PM the Administrator stated staff had the training but they were misplaced.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility who served as a payee to 1 out of 6 Residents (Resident #2) failed to have a surety bond in an amount equal to twice the average monthly income of the resident.

Findings as follow:

Record review showed the facility served as representative payee for Resident #2. Further record review showed the facility did not have a surety bond.

On . . . . . at 2:00 PM the Administrator stated the facility was the payee of Resident #2 but it did not have a surety bond.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to have an updated health assessment for 1 out of 7 sampled residents (Resident #1) who was admitted to hospice and multiple

Findings as follow:

On at 8:50 AM observed Resident #1 lying in bed.

Resident #1's last health assessment dated stated he had a diagnoses of 's,

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's, , , and Meningioma. The resident needed assistance with ambulation, transferring, bathing, , self care and self- administration of medications. The assessment documented Resident #1 had no . Further record review documented Resident #1 was admitted to hospice care.

On at 12:05 PM hospice nurse stated Resident #1 has several . He has a , in (improved), right , untreatable, on the right and on right ankle which has improved. The nurse also stated a hospice nurse was administering medications to Resident #1.

On at 1:00 PM the Administrator stated Resident needed total assistance with all the activities of daily living.

Class III

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