STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

An unannounced complaint investigation (2019003875) was conducted at the Palace Retirement Home, 965 South Florida Avenue, Rockledge, Florida, on . . . . Deficient practice was found at the time of the investigation.

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

Based on record reviews and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff A) had provided a written statement from a health care provider documenting the staff is free of signs or symptoms of communicable . . . . . The facility failed to ensure two of five staff (Staff A and B) had provided evidence of a negative ( ) completed annually as required.

Findings include:

1. On , in a record review of Staff A's employee file, the file documented Staff A date of hire was . Staff A's employee file did not document Staff A had the required written statement from a health care provider documenting Staff A was free of signs or symptoms of communicable . Staff A's employee file did not provide any documentation Staff A had ever completed a negative test.

2. On . . . . . , in a record review of Staff B's employee file, the file documented Staff B date of hire was . Staff B's file did not contain documentation of the required annual test for 2018 or 2019.

On . . . . . at 1:45 PM, in an interview with the administrator, the administrator stated she is now aware of the missing items and will address them immediately.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff A) had completed the required in-service training regarding elopement within 30 days of employment.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE ROCKLEDGE, FL 32955**	

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

On , in a record review of Staff A's employee file, the file documented Staff A date of hire was . Staff A's file did not contain documentation Staff A had completed the required in-service training regarding facility elopement procedures.

On at 1:45 PM, in an interview with the administrator, the administrator stated she would address the required missing training regarding elopement for Staff A.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff A) had completed the required training regarding / (/) within 30 days of employment.

Findings include:

On , in a record review of Staff A's employee file, the file documented Staff A's date of hire was . Staff A's file did not contain documentation Staff A had completed the required training regarding / procedures.

On at 1:45 PM, in an interview with the administrator, the administrator stated she would address the required missing training regarding / for Staff A.

Class III

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

Based on record reviews and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff B) had completed the required two-hours of annual training for assistance with self-administration of medication.

Findings include:

On at 12:10 PM, in an interview with Staff B, staff B stated part of her duties include providing assistance with the self-administration of medication to residents. Staff B stated she had the training for medication assistance in 2017. Staff B denied having the two-hours of annual training in 2018.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE ROCKLEDGE, FL 32955**	

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

On , in a record review of Staff B's employee file, the file documented Staff B had completed the assistance with self-administration of medication in 2017. Staff B's file did not document the required two-hours of annual training in 2018.

On at 1:45 PM, in an interview with the administrator, the administrator stated she would address the missing two-hours of annual assistance with the self-administration training for Staff B.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff A) had completed the required training regarding ( ) within 30 days of employment.

Findings include:

On , in a record review of Staff A's employee file, the file documented Staff A date of hire was . Staff A's file did not contain documentation Staff A had completed the required training regarding procedures.

On at 1:45 PM, in an interview with the administrator, the administrator stated she would address the required missing training regarding procedures for Staff A.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record reviews and interviews the facility placed residents at-risk by failing to ensure one of five staff (Staff A) had a properly completed employment application and proof of verification of freedom from communicable .

Findings include:

On , in a record review of Staff A's employee file; the file did not contain a properly completed job application. Staff A's file did not provide documentation verifying freedom from signs or symptoms of communicable . The file did document Staff A has been employed at the facility since .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE** **ROCKLEDGE, FL 32955**	

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

On [redacted] at 1:45 PM, in an interview with the administrator, the administrator stated she was not aware of the missing documentation and would address it.

Class III

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

Based on record review and interviews the facility placed residents at-risk by failing to maintain an accurate employee roster on the background- screening website for one of five staff (Staff A).

Findings include:

On [redacted], in a record review of the written work schedule, the schedule documented an employee working by a first name only.

On [redacted] at 12:05 PM, in an interview with the administrator, the administrator stated the employee listed on the written work schedule with only a first name is Staff A.

On [redacted], in a record review of the background- screening web site, the web site did not document Staff A being listed on the background-screening roster.

On [redacted], in a record review of Staff A's employee file, the file documented Staff A has been employed at the facility since [redacted].

On [redacted] at 1:45 PM, in an interview with the administrator, the administrator stated she would add Staff A to the facility background-screening roster.

Unclassified