

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964369	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER Palmetto Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 6826 West 25 Court Hialeah, FL 33016	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on [redacted] Palmetto Assisted Living Facility Inc. had the following deficiencies at time of the survey:

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

Based on record review and interview the facility's personnel records did not include evidence of negative [redacted] examination documented on an annual basis for 1 out of 5 (B) sampled staff.

Findings included:

Facility's record review on [redacted] revealed that sampled Staff B. employee file did not include evidence of negative [redacted] examination. Staff B. evidence of negative [redacted] examination in the file had expired [redacted]

On [redacted] at 2:25 PM Staff A. stated " I will schedule her test as soon as possible."

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a privacy in a [redacted] two residents while using a portable toilet.

Findings included:

On [redacted] at 9:20 AM during the initial tour of the facility observed a portable commode in [redacted] # [redacted] where two female residents slept, Residents #5 and #6. Observation of this [redacted] no privacy partition/curtain available to provide privacy when a resident used the portable commode.

On [redacted] at 9:20 AM Staff B. stated, "Resident #5 is [redacted] and we have it in the [redacted] she [redacted]"

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does not have to walk to the the middle of the night."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Palmetto Alf Inc
6826 West 25 Court
Hialeah, FL 33016

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. .

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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