

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911032	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER PALACE AT KENDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 11355 SW 84 STREET MIAMI, FL 33173	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on and concluded on Palace at Kendall (License #7649) had deficiencies identified at time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to ensure that 1 of 25 sampled residents, who self-administered their medications and was absent from the . . . , had medications locked up in the refrigerator or out of sight on other residents (Resident #4).

Findings included:

Observations on at 10:50 am found a refrigerator in Resident #4's Resident #4 was absent from the . . . , the shared with another resident. The refrigerator in Resident #4's prescribed solution USP 10% 100 mg/ml. (used for inhalation or oral administration) in the shared refrigerator unlocked.

In an interview on at 3:40 pm Staff A stated, "Resident 4 is currently at the hospital, the medication is un-open and the is independent and does not touch the other resident's things."

Class III

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

Based on observations, record review, and interview, the facility failed to ensure that 1 of 25 sampled residents' health assessment was updated after a changes in the activities of daily living levels (ADLs) (Resident #4).

Findings included:

Record review found Resident #1's health assessment dated showed the following diagnoses: Spinal, IBP, Radiculopathy chronic pain, Supervision with eating and Assistance with the rest of ADLs.

Observations on at 12:35 pm found Resident #1 with his private aide in the lobby. Resident #1 was sitting in a wheelchair. According to his private aide, they are going to the parking lot. Agency

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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stated asked the private aide if Resident #1 required supervision or assistance with eating. The private aide brought a cup with water mixed with thicker to Resident #1. Resident #1 was only able to use two fingers of his fingers, the other fingers appeared contracted, to hold the cup. The private aide assisted Resident #1 to bring the cup to the resident's mouth. Hospice record received on 02/28/2018 revealed Resident #1 was receiving physical therapy services once a month to manage the resident's chronic pain. The records stated Resident #1 was total bedbound but was being transferred from the bed to chair with assistance. Class III		