

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910716</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/22/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**NORTH LAKE RETIREMENT HOME**

**1222 NORTH 16TH AVENUE  
HOLLYWOOD, FL 33020**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An unannounced licensure Complaint<br>(#2023012240, #2023016904, #2024000928) and<br>Generator Monitoring survey was conducted on<br>..... at North Lake Retirement Home, Inc.<br>The facility had a deficiency identified at the time<br>of the survey related to Complaint Number<br>2024000928.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000               |                                                                                                                          |                          |
| A 030                    | 59A-36.007(5) FAC: 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY<br>PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as<br>described in Section 429.28, F.S., or a summary<br>provided by the Long-Term Care Ombudsman<br>Program must be posted in full view in a freely<br>accessible resident area, and included in the<br>admission package provided pursuant to Rule<br>59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the<br>facility must have a written grievance procedure<br>for receiving and responding to resident<br>complaints and a written procedure to allow<br>residents to recommend changes to facility<br>policies and procedures. The facility must be able<br>to demonstrate that such procedure is<br>implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints<br>against a facility or facility staff must be posted in<br>full view in a common area accessible to all<br>residents. The telephone numbers are: the<br>Long-Term Care Ombudsman Program,<br>1(888)831-0404; ....., Rights Florida,<br>1(800)342-0823; the Agency Consumer Hotline<br>1(888)419-3456, and the statewide toll-free<br>telephone number of the Florida ..... Hotline,<br>1(800)96-..... or 1(800)962-2873. The | A 030               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 030                                                                 | <p>Continued From page 1</p> <p>telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical _____.</li> </ol> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                                 | <p>Continued From page 2</p> <p>must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> <p>429.28 Resident bill of rights. -</p> <p>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:</p> <p>(a) Live in a safe and decent living environment, free from . . . . . and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.</p> <p>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.</p> <p>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.</p> <p>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or</p> | A 030                                                                                          |                                                                                                                          |                                                        |

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| A 030                    | <p>Continued From page 3</p> <p>attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.</p> <p>(g) Share a room with his or her spouse if both are residents of the facility.</p> <p>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.</p> <p>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.</p> <p>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.</p> <p>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the</p> | A 030               |                                                                                                                          |                          |

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| A 030                                                                 | <p>Continued From page 4</p> <p>resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.</p> <p>(1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.</p> <p>(2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a</p> | A 030                                                                                          |                                                                                                                          |                                                        |

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| A 030                                                                 | <p>Continued From page 5</p> <p>resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and _____, Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs.</p> <p>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a procedure for receiving and responding to resident complaints for 1 of 1 resident sampled/or reviewed (Resident #3).</p> <p>The Findings Includes:</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                    | <p>Continued From page 6</p> <p>A review of the facility's Visitation Policy and Procedures conducted on _____ by this surveyor revealed it included the following:</p> <p>1. We will ensure that in person visitation will be allowed in all the following circumstances unless the resident objects:</p> <p>3. Residents may also designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The essential caregiver is allowed to have in-person visitation for at least 2 hours daily in addition to any other visitation authorized by the Facility but does not have to provide necessary care.</p> <p>4. The Facility will respect the right of the resident to determine the number of visitors he/she would like to have at any given time during the 9am-9pm visiting hours.</p> <p>During an interview with the Administrator on _____ at 1:30PM she stated that Resident #3 requested verbally and in writing, that her husband be allowed to visit on multiple occasions. She further stated that Resident 3's husband also requested verbally and in writing that he be allowed to visit his wife on multiple occasions. However, visitation has not been granted by the facility.</p> <p>During record review on _____ of Resident #3's nursing notes revealed it was documented on _____ that the husband was told by administration not to return to the facility by any means. Resident #3's spouse during an interview, confirmed that he has made request to visit his spouse since _____ and has not been allowed visitation. No further documentation could be located within the file demonstrating that the</p> | A 030               |                                                                                                                          |                          |

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| A 030                    | <p>Continued From page 7</p> <p>facility addressed this grievance and visitation issue. (Photographic evidence obtained).</p> <p>In the interview with the Administrator on ..... at 1:40 PM, the Administrator also stated Resident #3 is in Hospice care and is no longer able to get out of bed. She further stated to this surveyor that she informed the hospice nurse to find her another place because unfortunately, I don't have the time nor the patience anymore to deal with Resident #3's husband. However, review of the Resident's file did not reveal that she has been provided with a 45-day notice of their intent to discharge the resident. Neither could the surveyor locate any documentation of the grievance and/or resolution of the grievance.</p> <p>Class III</p> | A 030               |                                                                                                                          |                          |