Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953671	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND COURT LAKES MANAGEMENT, LLC	280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179

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A 000	Initial Comments An unannounced complaint survey (CCR# 2012005920) and (CCR#2012003862) was conducted on : and at Grand Court Lakes Management, LLC with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. At the time of the survey, CCR#2012005920 was not substantiated, the following deficiency was identified for CCR# 2012003862: A 0025, and an unrelated deficiency was identified: A 0160. Census: 134 Residents	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is	A 025		

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A 025	Continued From page 1	A 025		

discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to have a written record, updated as needed, of any significant changes for 3 out of 4 (resident #1, #2 and #5) sampled residents.

Findings include:

Record review of resident #1's record revealed the facility failed to document the onset and the progress of wounds to the and wounds to the lateral sole. Review of hospice notes from - found two wounds; one to the which was unstageable and one to the lateral sole which was . Review of resident #1's weight record found the last weight was recorded by the facility was on .

Record review of resident #2's record revealed notes which lacked progress and proper documentation of care. Physician orders for care was dated . Resident notes also lacked documentation of resident #1's whereabouts and his progress between , when resident #1 was transferred to the hospital, to - , when resident #1 expired at a skilled nursing facility (SNF).

Record review of resident #5's resident notes

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A 025	Continued From page 2 found documentation dated : that stated "resident kept in bed- refused breakfast, no further noted at this time," but lacked documentation that on resident #5 expired. In an interview with the administrator on at approximately 2:05 PM, she acknowledged that documentation was missing from resident #1 and resident #2's records and stated she would provide a timeline of events for resident #2 and a timeline of , for resident #1. In an interview with the administrator on at approximately 1:30 PM, she acknowledged the lack of facility documentation for resident #1, resident #2, and resident #5 and stated that the care information is not present for both resident #1 and resident #2 because it is recorded in the hospice charts. She stated that resident #5's progress and was also recorded by hospice and showed documentation of that. The administrator acknowledged the fact that the facility needs to keep its own record of all residents. Class III	A 025		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the	A 160		

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A 160	Continued From page 3	A 160		

facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:
1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and
2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of .
Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by

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A 160	Continued From page 4 facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the	A 160		

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A 160	Continued From page 5 last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on record review and interview, the assisted living facility failed to maintain an accurate admission and discharge log for 3 out of 11 (resident #2, #4, and #5) sampled resident. Findings Include: Record review of the facility's admission and discharge log revealed resident #2 was admitted to the facility on and expired on . Review of resident #2's resident record found a discharge summary documented resident was admitted to facility on and expired at a skilled nursing facility (SNF) on . Review of the facility's admissions and discharge log revealed resident #4 was not documented in the log. Record review of the facility's admission and discharge log revealed resident #5 was admitted to the facility on and expired on . Review of resident #5's resident record found a discharge summary documented resident was admitted to facility on and expired on	A 160		

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A 160	Continued From page 6 In an interview with the administrator on at approximately 2:15 PM, she acknowledged that resident #4 was no on the admissions and discharge log and stated it was a mistake. She also stated the dates on the admissions and discharge log may be off because the facility puts the resident on the log the date the hospital calls. Class III	A 160		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Grand Court Lakes Management, Llc
280 Sierra Drive
North Miami Beach, FL 33179

Re: CCR #2012003862 & 2012005920

Dear Administrator:

This letter reports the findings of two state complaints survey that were conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 8/15/2012 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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