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
	AL11967431	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX ON THE LAKE (THE)	6700 WEST COMMERICAL BLVD LAUDERHILL, FL 33319

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Inspection #2012004635 survey was conducted on 2012. Lenox on the Lake, had deficiencies found at the time of the visit.	A 000		
A 010 SS=G	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be	A 010		

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A 010	Continued From page 1 discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the	A 010		

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A 010	Continued From page 2 Administer failed to monitor the continued appropriateness of placement for 1 out of 3 sampled residents (Resident #1). The findings include: Record review revealed Resident #1 was admitted to the facility on . . . . . Review of her health assessment signed and dated by a physician on . . . . . revealed Resident #1 ' s diagnosis includes: , , , , VHD, increased lipids. The health assessment also documented the resident is very forgetful. The health assessment also documented the resident requires " assistance " with all activities of daily living. During an interview with the Administrator on : at approximately 1:00 PM, it was revealed the resident had a private duty aide to assist her with personal care on a daily basis from 7:30 AM to 12:30 PM and 4:30 PM to 8:30 PM from . The Administrator revealed the resident ' s family terminated the private duty aide due to financial reasons. The resident was moved from the assisted living unit to the facility ' s secured unit on . due to a decline in function. Further investigation revealed the resident had 17 ..... since her date of admission. Review of the incident reports revealed there were no reasonable and/or effective steps taken on behalf of the facility to prevent reoccurrence of in regards to Resident #1 ' s status. The Administrator failed to monitor appropriateness for continued residency for Resident #1. Review of various incident reports revealed facility staff indicated " instructed resident to use pendant " and " resident reminded to press pendant before exiting bed " . However, the facility documented	A 010		

Agency for Health Care Administration

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A 010	Continued From page 3 throughout the resident ' s record that the resident is [redacted] with poor judgment. Review of an incident report dated [redacted] revealed the facility staff failed to provide appropriate supervision/assistance with toileting as indicated on the health assessment for Resident #1. The incident report documented on [redacted] at 2:30 PM, the resident was assisted to the [redacted] a personal care associate. The personal care associate " provided the resident with brief moment of privacy. When the personal care associate returned back to the [redacted] found the resident on the floor on her face. The resident was unable to state what happened " . The resident had a laceration to the left [redacted] 9-1-1 was called and she was transferred to the hospital for evaluation and treatment. The resident ' s most recent [redacted] occurred on [redacted] at 2:30 PM where the resident was found on the floor. 9-1-1 was called and the resident was transported to the hospital for evaluation and treatment. As of the day of the complaint inspection, the resident remained in the hospital. Class II	A 010		
A 025 SS=G	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	A 025		

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A 025	Continued From page 4 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 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 observations, interviews and record review,the facility failed to provide care and services appropriate to resident needs for 1 of 3 sampled residents (Resident #1). The findings include: Record review revealed Resident #1 was admitted to the facility on [redacted] Review of her health assessment signed and dated by a physician on [redacted] revealed Resident #1 was very forgetful, requires " assistance " with all activities of daily living. During an interview with the Administrator on [redacted] at approximately 1:00 PM, it was revealed the resident had a private duty aide to assist her with personal care on a daily basis from 7:30 AM to	A 025		

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A 025	Continued From page 5 12:30 PM and 4:30 PM to 8:30 PM from : but the family terminated the private duty aide due to financial reasons. Resident #1 was moved from the assisted living unit to the facility ' s secured unit on . due to a decline in function. Further investigation revealed the resident had 17 . since her date of admission. Review of the incident reports revealed there were no reasonable and/or effective steps taken on behalf of the facility to prevent reoccurrence of in regards to Resident #1 ' s status. The Administrator failed to monitor appropriateness for continued residency for Resident #1. Review of various incident reports revealed facility staff indicated " instructed resident to use pendant " and " resident reminded to press pendant before exiting bed " . However, the facility documented throughout the resident ' s record that the resident is l with poor judgment. Review of an incident report dated revealed the facility staff failed to provide appropriate supervision/assistance with toileting as indicated on the health assessment for Resident #1. The incident report documented on at 2:30 PM, the resident was assisted to the ' a personal care associate. The personal care associate " provided the resident with brief moment of privacy. When the personal care associate returned back to the found the resident on the floor on her face. The resident was unable to state what happened " . The resident had a laceration to the left . 9-1-1 was called and she was transferred to the hospital for evaluation and treatment. The resident ' s most recent occurred on at 2:30 PM where the resident was found on the floor. 9-1-1 was called and the resident was transported to the hospital for	A 025		

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A 025	Continued From page 6 evaluation and treatment. As of the day of the complaint inspection, the resident remained in the hospital. Review of a physician ' s order dated [redacted] revealed orders for ½ rails for the resident ' s bed. The order indication/ diagnosis documented " falling out of bed when trying to get up " . The file also contained consent on behalf of the resident ' s representative dated [redacted] for authorization of use of the ½ side rails. However, upon tour of Resident #1 ' s apartment, it was noted the bed was not equipped with ½ side rails, as ordered by her physician. During a further interview with the Administrator and interview with the Secured Unit Manager on [redacted] at approximately 1:30 PM revealed they were both unaware of the physician ' s order for bed rails. Class II	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 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	A 160		

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A 160	Continued From page 7	A 160		

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 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

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A 160	Continued From page 8 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 s 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 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	A 160		

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A 160	Continued From page 9 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 facility failed to provide documentation of an internal investigation in regards to an alleged incident for 1 out of 3 sampled residents (Resident #1). The findings include: During an interview with the Administrator it was revealed that on , she was informed by Employee #1 that the employee overheard the Secured Unit Manager verbally Resident #1 and forced the resident to drink juice. The Administrator reported that later on a representative from the Dept. Of Children and Family Services-APS conducted an investigation in regards to the allegations of involving Resident #1 and the secured unit manager. The Administrator reported that she conducted an investigation in regards to the allegation. However, during a further investigation, it was revealed the facility did not have any documentation and/or proof that an internal investigation was completed on behalf of the facility in regards to alleged Class III	A 160		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.-	A 165		

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A 165	Continued From page 10	A 165		

(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.
(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means:
(a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in:
1.
2. or spinal damage;
3. Permanent
4. or of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s

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A 165	Continued From page 11 investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) , neglect, or must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate	A 165		

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A 165	Continued From page 12 regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.	A 165		

Agency for Health Care Administration

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LENOX ON THE LAKE (THE)	6700 WEST COMMERICAL BLVD LAUDERHILL, FL 33319

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A 165	Continued From page 13 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit comply with the adverse incidents and reporting requirements. The findings include: Record review revealed Resident #1 was admitted to the facility on . . . . . The health assessment also documented the resident is very forgetful and requires " assistance " with all activities of daily living. The resident was moved from the assisted living unit to the secured unit on . . . . due to a decline in function. The facility documented throughout the resident ' s record that the resident is . . . . with poor judgment. Review of an incident report dated . . . . . revealed the facility staff failed to provide appropriate supervision/assistance with toileting as indicated on the health assessment for Resident #1. The incident report documented on . . . . . at 2:30 PM, the resident was assisted to the . . . . a personal care associate. The personal care associate " provided the resident with brief moment of privacy. When the personal care associate returned back to the . . . . . found the resident on the floor on her face. The resident was unable to state what happened " . The resident had a laceration to the left . . . . 9-1-1 was called and she was transferred to the hospital for evaluation and treatment. During an interview with the Administrator on . . . . . at approximately 2:30 PM, she confirmed that an adverse incident was not completed in regards to this incident, as required. Class III	A 165		

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
	AL11967431	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOX ON THE LAKE (THE)	6700 WEST COMMERICAL BLVD LAUDERHILL, FL 33319

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Lenox On The Lake (The)
6700 West Commerical Blvd
Lauderhill, FL 33319

Re: CCR #2012004635

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by a representative from 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 **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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis (mes)
Field Office Manager

AMD/jw
Enclosure

XG90

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