State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966400	A. Building B. Wing	7/23/2012

Name of Facility	Street Address, City, State, Zip Code
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0007 Reg. # 58A-5.0181(1) FAC LSC		ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC		ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	
ID Prefix A0074 Reg. # 58A-5.019(3)(b) LSC		ID Prefix A0076 Reg. # 58A-5.0186 FAC LSC		ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC		ID Prefix A0161 Reg. # 58A-5.024(2) FAC LSC		ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	
ID Prefix A0164 Reg. # 58A-5.024(4) FAC LSC		ID Prefix A0190 Reg. # 58A-5.033 FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 9-6-18	**Signature of Surveyor:** N. Frias	**Date:** 9-6-18
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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
	AL11966400	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

(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 revisit inspection to Complaint # 2012004139 was conducted on _ _ _ _. The Phoenix Senior Living II Assisted Living Facility is not in compliance the requirements for ALFs, related to the deficiencies reviewed.	{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 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.	{A 025}		

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
	AL11966400	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

(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 025}	Continued From page 1	{A 025}		

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to provide appropriate care and services for 1 out of 3 residents (resident #13).

The findings include:

Review of resident #13's record indicated that he was admitted to the facility on [redacted] with diagnoses including [redacted] and [redacted]. Review of the incident report dated on [redacted] indicated that the resident was found on the floor by a facility staff member and he was transferred to the hospital for emergency treatment. Review of the physician order dated on [redacted] indicated that the resident must receive a physical evaluation and treatments for diagnoses of [redacted] and gait [redacted]. Review of a physician evaluation on [redacted] indicated that the resident receive physical and occupational evaluations.

Further review of resident #13's record indicated that the were no physical or occupational evaluations performed for the resident from [redacted] to [redacted]. Review of the facility guest log did not indicate that the resident received visits from any physical or occupational from [redacted] to [redacted]. In an interview with the facility administrator on [redacted] at 12:00pm, she stated that resident #13 has not received physical or occupational [redacted] services to satisfy the physician orders dated on [redacted] and [redacted].

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 6, 2012

Administrator
Phoenix Senior Living II, Inc.
5882 NW 73 Court
Parkland, FL 33067

Dear Administrator:

This letter reports the findings of a second state licensure survey revisit conducted on 2012 by representatives from this office.

Attached is the provider's copy of the State Reports, which indicates the deficient practice identified on the day of the revisit and the previously cited deficiencies that were found corrected on the day of the revisit.

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 (AMD)
Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosures

J5XD

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924