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
	AL11911048	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASIDE HEALTHCARE	2091 S. OCEAN DRIVE HALLANDALE, FL 33009

(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 Complaint Inspection CCR #2012008672 An assisted living facility complaint inspection was conducted on . . . . . Seaside Healthcare had a licensure deficiency related to the allegations at the time of the visit. Note: The complaint inspection was conducted in conjunction with the revisit to CI #9502. Please refer to the separate report.	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	A 025		

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A 025	Continued From page 1	A 025		

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 reviews and interviews, the facility failed to maintain a written record of significant changes for 2 out of 3 sampled residents (Resident #1 and #2).

The findings are:

1. Resident #1 was admitted to the facility on [redacted]. The Health assessment was dated [redacted] and documented the diagnosis as C.V.A., [redacted] and [redacted]. The resident's limitations included poor mobility, forgetful, slow speech, [redacted] and ataxia. The resident required supervision for eating, assistance with ADL's and was wheelchair bound. There was documentation in the record of hospice admission paperwork that the resident was admitted into hospice services on [redacted]. The facility progress notes were reviewed and there were no notes for the month of [redacted] 2011. There were no facility notes regarding the resident's admission to hospice services in [redacted], including no description of the decline or change in condition leading to hospice. There were also no notes describing the resident's weight loss (10 pound weight loss from [redacted] of 2011 to [redacted] of 2012) and whether the physician, hospice or family were notified.

2. Resident #2 was admitted to the facility [redacted] diagnosed with C.V.A., [redacted] and [redacted]. The resident has to be fed and is

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A 025	Continued From page 2 wheelchair bound. The last progress note from the facility was dated 06/2... record contained references to home health services and hospice services that were ordered in 11/ : there were no facility notes describing how the resident's condition had changed to require hospice. In addition, the resident's medication record for March ... documented that the resident was spitting out medications. There were no notes describing whether the physician or family were notified. On 10/0 3:00 p.m., the administrator and DON were interviewed. They were unable to provide any additional progress notes for either resident #1 or resident #2. Class III	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Seaside Healthcare
2091 S. Ocean Drive
Hallandale, FL 33009

Dear Administrator:

Re: CCR #2012008672

This letter reports the findings of a complaint 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 (30) 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 3020

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