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 An Assisted Living Facility Change of Ownership (CHOW) licensure survey was conducted from to Lenox on the Lake (The) had deficiencies found at the time of the visit.	A 000		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054		

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A 054	Continued From page 1	A 054		

Based on observation, record review and interview, the facility did not immediately update its medication observation record (MOR) for 1 out of sampled 4 residents (resident #11).

The findings are:

In an observation on [redacted] at 12:40 pm in the memory care unit (MCU), resident #11 was being assisted with self-administration of her [redacted] 600-d tablet by the direct care nurse. At this time, the resident refused to take the medication, the nurse explained its indicated use and the resident refused it again.

Review of resident #11's medication observation record (MOR) revealed documentation indicated that on [redacted] at 12:40 pm the resident had accepted and taken the [redacted] 600-d tablet, without any details of her refusal to take this medication. In an interview with the direct care nurse on [redacted] at 12:50 pm, she stated that she had documented the MOR before attempting to give resident #11 her [redacted] medication on [redacted] at 12:40 pm. She confirmed the MOR did not reflect the resident's refusal to take the [redacted] medication and that she will attempt again to assist the resident with the self administration of the [redacted] medication in a few minutes. The direct care nurse also stated at this time that it is customary for the resident to refuse her medications, but she usually ends up taking them after a few attempts to assist her with her medications.

In an interview with the MCU director on [redacted] at 1:15 pm, she stated that it is expected that whenever a resident refuses his/her medication, the facility staff member must document the MOR with an "R" for refused and to include details of

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A 054	Continued From page 2	A 054		

this refusal on the back page of the MOR.

Class III

A 152 SS=D 58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other — A 152

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and
3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.
(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings:
1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;
2. A closet or wardrobe space for hanging clothes;
3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, bedside lamp or floor lamp, and waste basket; and
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and

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A 152	Continued From page 3	A 152		

personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to provide a safe living environment by not ensuring the resident common areas are clean, sanitary, properly maintained and free from hazards.

The findings are:

In an observation during a tour of the facility, conducted on _____ from 11:20 am to 11:45 am, accompanied by the administrator, the following concerns were noted:

1. The memory care unit's (MCU) window screens (approximately 8 individual screens) in the activity _____ excessive amounts of _____ mosquitoes attached on the inside of the screens, rendering them unsightly and unsanitary.
2. The MCU garden's walkway was unkempt with untrimmed foliage throughout and a broken wooden bench.
3. The dryer vent located on the southwest, exterior part of the building did not have a metal screen to prevent pest or varmint access into the facility.
4. Two unsupported trees, located next to the parking lot walkway on the north side of the building, were bent and encroaching into the walkway, limiting safe facility ingress/egress to the west side of the parking lot.
5. A sanitary plumbing pipe stub-out of

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A 152	Continued From page 4	A 152		

approximately 4 inches in diameter, located immediately east of the facility entrance, did not have a secured cover on it.
6. A lawn sprinkler hose was exposed out of the ground approximately 4 inches, next to the walkway in the facility's entrance.

The aforementioned observations were confirmed by the administrator on [redacted] at the time of the tour.

Class III

AZ827 408.812, FS Unlicensed Activity — AZ827

(1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

(2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

Agency for Health Care Administration

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AZ827	Continued From page 5	AZ827		

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

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AZ827	Continued From page 6	AZ827		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility provided nursing services, specific to the care of a finger by way of to 1 out of 3 residents (resident #3) without having a proper limited nursing services (LNS) license.

The findings are:

Review of resident #3's record indicated that she was found on the floor on by a staff member and was subsequently transported to the hospital's emergency department for medical evaluation. Review of the hospital's discharge instructions dated , documented the following, "Your exam shows you have a broken finger. Most of the time finger heal in 3-4 weeks with a finger or taping the injured finger to the next finger. Keep your hand elevated and apply ice packs frequently.....wear your finger or tape as long as the finger is painful or . Review of the orthopedist's orders dated , indicated that the resident her small right finger on discontinue the remove and reapply "buddy tape" of ring and small fingers, twice daily.

Review of the shift communication log indicated that resident #3's right fingers were taped once daily on and In an interview with the director of nursing on at 2:00 pm, she stated that the resident's right fingers were taped once daily from to present and that upon review of the orthopedist's orders dated on the facility will now perform the resident's finger taping twice daily until her next follow-up appointment with the orthopedist within the next 2 weeks.

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AZ827	Continued From page 7	AZ827		

In an interview with resident #3's orthopedist on [redacted] at 12:45 pm, he stated that the resident needed to have her [redacted] right small finger taped together with the right ring finger in order to limit its rotation and promote healing, and that upon his evaluation of the resident on [redacted] this was performed because the resident's right small finger was healed.

During a follow-up telephone interview with the administrator on [redacted] at approximately 1:00 pm, she confirmed the facility licensed nurses cared for the [redacted] and the application and removal of the "buddy tape" for resident #3.

Review of the facility's license status with the Agency, did not indicate that the facility possessed a limited nursing services license, to allow for the care and management of a [redacted] by way of [redacted].

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

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

Dear Administrator:

This letter reports the findings of a Change of Ownership state licensure survey that was conducted on . 2012 and . 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 **.2013** 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
Enclosure

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

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