STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965079	05/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lindsay's Alternative Care, Inc	5783 Nw 48th Drive Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility standard biennial licensure survey was conducted on . . . . . .Lindsay's Alternative Care, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review and interview, it was determined that the facility failed to ensure that health assessments were completed with all required information, for 4 out of 5 sampled residents.

The findings include:

1. A review of the health assessments for Resident # 1, Resident #3, Resident #5 and Resident #6 revealed the health assessments were all dated on . . . . . The health assessments were observed to be incomplete as page 4 section "b" was not completed by the Health Care Practitioner who failed to indicated if the resident needs help with taking his/her medications and also failed to indicate the type of assistance the residents would require with their medications.

An interview was conducted with the Administrator on . at 10:11 AM during which she confirmed the findings.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based upon observation and record review, it was determined that the facility failed to ensure that the required telephone numbers were posted within the facility.

The findings include:

Tour of the facility on . . . . . at 10:01 AM, revealed that the required postings for the Advocacy

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Center for Persons with the Florida Local Advocacy Council and the the Agency Consumer Hotline were not posted within the facility.
An interview was conducted with the Administrator on at 11:09 AM, she acknowledged the findings.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based upon observation record review and interview, it was determined that the facility failed to ensure that each Medication Observation Record (MORs) was updated in a timely manner.

The findings include:

1) Observation of the residents was conducted on at 9:10 AM and revealed the residents were seated in the living TV. An interview with the staff member in charge revealed the residents had already received all their morning medications at 8:00 AM.
A review of the MORs was conducted at 9:45 AM and revealed that the MORs was not updated to reflect that the residents had received any medication for

An interview was conducted with employee #2 on at 9:47 AM during which she stated she had not yet had time to update the MOR.

2) Observation of the afternoon medication pass revealed resident # 1 was assisted with medication Iprat-Albut 0.5-3 at 12:00 PM by employee #2. A review of the MORs was conducted at 1:03 PM and revealed the MORs was not updated to reflect that the resident had received assistance with the scheduled medication.
An interview was conducted with the Administrator on at 1:06 PM during which she confirmed the findings.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview it was determined that the facility failed to ensure that centrally stored medications were kept locked while maintained in the facility.

The findings include:

Tour of the facility on at 9:10 AM revealed a large garbage bag stored in the food closet. The bag was observed to contain numerous medications belonging to the residents. The medications were reviewed and were observed to be current medications for the residents.

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An interview was conducted with the staff member in charge on [redacted] at 9:15 AM during which she stated the facility had hired a new pharmacy and that she had notified the old pharmacy to pick up the medications two months ago to no avail.

An interview was conducted with Pharmacy 1 on [redacted] at 10:06 AM during which he stated that the facility had not informed him that there were medications being returned and that he would have promptly sent staff observe to pick the medications up.

An interview was conducted with Pharmacy 2 on [redacted] at 10:10 AM during which he stated that he was not informed regarding returned medications and was unaware that the facility needed a pick-up.

An interview was conducted with the Administrator on [redacted] at 10:49 AM during which she confirmed the findings.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, it was determined the facility failed to maintain an up-to-date written work schedule reflecting the facility's 24 hour staffing pattern for all staff members.

The findings include:

Upon request of the facility's current staffing schedule and the past schedules for the last six months, the Manager provided the surveyor with a staffing schedule with no month or dates noted. It was revealed this is the current schedule and no prior schedules were available.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lindsay's Alternative Care, Inc
5783 NW 48th Drive
Coral Springs, FL 33067

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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 , **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/ls
Enclosure

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