STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968026	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lesly Leisure Living Iii	8080 Nw 51st Street Lauderhill, FL 33351	

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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial standard relicensure survey was conducted on . . . . Lesly Leisure Living III, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to obtain a timely medical examination and failed to clarify information on the form as required for, 1 out of 2 sampled Residents (Resident #1).

The findings include:

Review of Resident #1's AHCA Form 1823 (medical examination) dated . . . . conducted . . revealed the following concerns:

1. The facility's admission/discharge log documented she was admitted to the facility on . The medical examination was conducted ; the examination was conducted more than 60 days prior to admission.

2. The section titled Known . read, "[no known drug it did not indicate if she had any food or other . .

3. The section titled . or Behavior Status read, "[Patient] has signs of aggression with certain [illegible]."

4. The section titled Service Requirements read, "as indicated per condition".

5. The section titled Special Precautions read, "as above."

6. Page 2, Item A, Activities of Daily Living documented she required supervision or assistance with bathing, dressing, , toileting and transferring; the extent and types were not written in the comments section as instructed.

7. Page 2, Item C, Question 4. asks if the resident Poses a Danger to Self of Others? "Undetermined" was written in the box for Yes/No.

These concerns were discussed with and acknowledged by the Administrator on at 3:52 PM.

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Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to ensure the Medication Administration Record (MOR) accurately reflected the frequency and indication for a medication, for 2 out of 3 sampled residents for MOR review (Resident #1 and #2).

The findings include:

Review of the MOR for Resident #1 revealed an order for 5 mg with a notation the medication was discontinued on . Further review of the MOR for Resident #1 revealed an order, undated, for 5 mg documenting to be administered PRN (as needed) with no frequency or indication for the medication.

On at 9:42 AM, an interview was conducted with the Licensed Practical Nurse (LPN)/Administrator who, stated "the resident went to her physician on Friday and the medications were assessed with the 5 mg to be given at bedtime changed to as needed." The LPN/Administrator stated "the resident has had recent incidences of so the physician has discontinued some of her medications and the which was administered at bedtime was changed to PRN." A request to review the physician order to change the was requested. The LPN/Administrator produced a Health Care Communication Form dated , which the LPN/Administrator stated was sent with the resident detailing the medications the resident is currently taking. Review of the Health Care Communications Form completed by the physician revealed the 5 mg one tab by mouth at bedtime was changed to 'only as needed' with no indication for use or frequency documented. The LPN/Administrator stated during the interview on at 9:42 AM stated the was changed from 5 mg to half a tab as needed.

Review of the Resident Observation Log revealed an entry dated by the LPN/Administrator documenting 'New order receive, stop and decrease to 1/2 tab.'

Review of the medication container revealed a computer generated prescription label documenting 5 mg to be administered at bedtime with a handwritten addition stating PRN. A further interview with the LPN/Administrator was conducted on at 9:44 AM, stated she added the PRN to the prescription bottle. There is no evidence of documentation the dose was changed from 5 mg to 2.5 mg. Additionally the LPN/Administrator confirmed that the staff members assisting the residents with their medications is not a licensed nurse and does not have the training to make an assessment or determination if the resident required the medication or not.

2. Review of Resident #1 and #2's MORs revealed a failure to write the time period for the MOR on the MOR. For Resident #1, her and MORs had no time periods written on them; she had two MORs for 2013, one was filled out, one was left blank
For Resident #2, his 2013 MOR was not dated.

These concerns were discussed with and acknowledged by the LPN/Administrator on at 4:10 PM.

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Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interviews, the facility failed to ensure changes in instructions for use of medications were accompanied by a written order from a Health Care Provider, for 2 out of 2 sampled residents (Resident #1 and #2).

The findings include:

Review of the facility's medication systems conducted identified the following concerns:

1. Review of Resident #1's records revealed:

A. A written Health Care Provider (HCP) order dated for a benzodiazipine) 0.5 MG twice daily; another dated discontinues this order document "order changed"; another dated confirms the resident is to continue taking 0.5 MG every morning and one half-tablet at bedtime. The resident's 2013 MOR reflected a change in dose beginning with the evening dose, but there was no written HCP dated to support this change.

B. A written health care provider (HCP) order dated for an 2 milligrams (MG) every morning; another dated changed the scheduled time from morning to bedtime; another dated discontinued the order for 1.5 MG every morning. There was no written order changing the dose to 1.5 MG every morning. The resident's 2013 MOR reflected the change from 2 MG at bedtime to 1.5 MG every morning beginning with the dose.

C. The resident's and 2013 MORs include entries for an anti-a 10 MG at bedtime. There was no written HCP order for this medication.

These concerns were discussed with and acknowledged by the Administrator/ Licensed Practical Nurse (LPN), on at 12:56 PM.

2. Review of Resident #2 revealed:

A. His Health assessment (AHCA Form 1823) dated documented a HCP order for an 0.5 MG twice daily; another written HCP order dated read, "hold 0.25 MG at bedtime".

The resident's 2013 MOR has 9 out of 12 medications, including this medication, marked as "discontinued An entry for 0.25 MG (a change in the dose) at bedtime was added to the resident's 2013 MOR on the MORs documented he received this dose from through the date of survey,

There were no written HCP orders to support the stop order or to support re-starting the medication on when a stop order was present at

B. His MORs for 2013 through 2013 document an order for D3 2,000 units daily was

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received beginning ... through ... An entry for ... D 2000 units daily documented he received ... D rather than ... D3 through the date of survey, ... His record documented a written HCP provider order dated ... for ... D 4,000 [illegible]". There was no discontinue order for the ... D3 and there was no order for ... D at 2,000 units.

C. His record reflects a written HCP order that was not dated that called for Iron ... 325 MG daily to be discontinued. Review of the resident's MORs for 2013 documented he received the Iron on a daily basis through the date of survey, ...

These concerns were discussed with and acknowledged by the LPN/Administrator on ... at 3:10 PM.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) had verification of freedom from a communicable ... (Staff A).

The findings include:

The personnel file for Staff A was reviewed on ... and did not contain verification of freedom from communicable ...

The Administrator was interviewed on ... at 3:05 PM and acknowledged the finding.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and an interview, the facility failed to maintain a written work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

The findings include:

On ... the written work schedule posted in the dining ... was reviewed, the schedule for that day listed 5 employees working, only 1 of these listed employees was present.

The Assistant Administrator confirmed that this was the only schedule available and that it was the schedule for all 3 of their facilities, and it did not accurately reflect its 24 hour work staffing pattern for this facility.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that 2 out of 4 sampled staff (Staff A and B) who provide direct care to residents received the required in-services training within 30 days of employment.

The findings include:

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The personnel files for Staff A and B were reviewed for the 1 hour of in-service training within 30 days of employment that covers the subjects of Reporting major and adverse incidents, Emergency preparedness & Evacuation, Resident rights, Elopement response training, and Nutritional & Safe Food Handling, there was no documentation of this requirement for these direct care staff.

The Administrator and Assistant Administrator were interviewed on [redacted] at 3:30 pm and confirmed that the documentation was not present and available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review, observation and interview the facility failed to ensure that an unlicensed staff who will be providing assistance with self -administered medications received the required 4 hour training prior to assuming this responsibility in 2 of 2 staff records reviewed (Staff A and B).

The findings include:

A review of Staff A and B's personnel file failed to reveal the required initial 4 hour training by a Registered Nurse or licensed pharmacist.

In an interview conducted on [redacted] at 10:43 AM with Staff A, she confirmed that she assist residents with self- administered medications.

On [redacted] at 11:55 AM Staff A was observed assisting residents with self-administered medications.

In an interview conducted on [redacted] at 2:50 PM with Staff B, she confirmed that she assists residents with self-administered medications.

In an interview conducted on [redacted] at 3:30 PM with the Administrator and Assistant Administrator, they confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

27, 2013

Administrator
Lesly Leisure Living III
8080 NW 51st Street
Lauderhill, FL 33351

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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