STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911048	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Seaside Healthcare	2091 South Ocean Drive Hallandale, FL 33009	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0161-Records - Staff-08/01/2013
Z815-Background Screening; Prohibited Offenses-08/01/2013

Revisit Repeat Tags:

0000-Initial Comments-
0004-Licensure - Requirements-58a-5.016 Fac

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Complaint Revisit survey (revisit to complaint inspection #2013004228) was conducted on 07/29/2013. Seaside Healthcare had an uncorrected licensure deficiency found at the time of the visit (A 0004).

Note: The survey was conducted in conjunction with CCR #2013007388, 2013006605, 2013006575, 2013006098, 2013003229, 2013005497, 2013004476, 2013004428, 2013003742, 2013006117 and 2013006575, and the biennial licensure survey and revisits to CCR #2013004596, revisit to #2013003229 and revisit to #2013003180.
Please refer to the separate reports

0004-Licensure - Requirements 58A-5.016 FAC

Based on observations, interviews and record reviews, it was determined that the facility failed to obtain approval from the Agency for Health Care Administration prior to implementing change in use of space within the facility.

The findings include:

Tour of the facility conducted on revealed was changed from a 1 bed to a 2 unit. The adjacent was observed to have been decreased in size to accommodate the conversion. Observation of Unit 318 and 320 revealed the facility had completed conversion of the units (1 to a two An interview was conducted with the Marketing Manager on at approximately 10:38 AM, she stated that there was a high demand for 2 and that the facility would more than likely be converting several more units into 2 to meet the increased demands of new residents.

An interview was conducted with the Maintenance Director on at approximately 11:08 AM, he acknowledged the local code and building department had issued a cease and desist order for the conversion of the units and stated that they were given clearance to proceed at a later date by the building department but he was not sure where the documentation was, surveyor informed to check with the Administrator. A cease and desist order was issued to the facility by the local code enforcement and building department officer on A request was made of the facility's Administrator for documentation of a permit from the local code enforcement and building offices authorizing them to proceed with the conversion of units 318 and 320 and of

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approval from the Agency field and central offices authorizing change in the use of space. An interview with the Administrator on [redacted] at approximately 4:45 PM, revealed that no documentation was available for review.

An interview was conducted with the local Building and Code Managers via telephone on [redacted] at approximately 2:10 PM, it was revealed that they were unaware that the facility had completed the conversions and that no permits were issued to the facility for any construction projects.

Class III

This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Seaside Healthcare
2091 South Ocean Drive
Hallandale, FL 33009

RE: CCR# 2013004228

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on 2013 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

BBT7

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