STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965534	**09/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Imperial Club	**2751 Ne 183 Street Aventura, FL 33160**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

An unanounced Complaint Survey (CCR#2013007401) was performed at Imperial Club on , 2013. Imperial club had deficiencies at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview facility failed to honor the right of the resident to refuse care for 1 out of 9 sampled residents (#1).

Finding include:

Participant # f was interviewed and said that resident # 1 told her that the nursing assistants from the night shift had forced him to get out of bed to go to the .

Participant # a was interviewed and she stated: " The nursing assistants tried to get him out of bed by force to go to the . his skin is very fragile causing to the arms and the legs."

Record review of incident report revealed that resident # 1 had a bowel movement and the nursing assistants tried to get him out of bed and he was fighting and accidentally caused him .

Record review of progress notes revealed that resident # 1 had had a bowel movement in bed and refused to be cleaned and the 2 nursing assistants decided that it was best for the resident not to be lying in feces. Resident # 1 refused to cooperate to get out of bed to be taken to the .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Imperial Club
2751 Ne 183 Street
Aventura, FL 33160

Re: CCR #2013007401

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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