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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
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

Unannounced complaint inspection surveys, CCR #2013007388, 2013006605, 2013006575, 2013006098, 2013005497, 2013004476, 2013004428, 2013003742 and 2013006117 were conducted on . . . . through . . . . . Seaside Healthcare had licensure deficiencies found at the time of the visit.

#2013004428 resulted in a deficiency at A 0030.

Note: The biennial licensure survey and complaint revisits were conducted in conjunction with the survey. Please refer to the separate reports.

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

Based on observations, interviews and record reviews the facility failed to ensure that the resident's right to be treated with respect and dignity was honored for 1 of 24 sampled residents (#17) whose belongings had been moved without permission.

The findings include:

During an interview with Resident #17 on . . . . . at approximately 11:55 AM, the resident reported that he has lived in the facility for over two years and has been in a private . . . . . entire time, and that his contract with the facility's original management company is for a private . . . . He stated that the facility has issued him a 45 day notice and have accused him of not paying the full amount of the rent. He stated he is upset because on . . . the manager attempted to move another resident into his . . . , but due to his belongings taking up the . . . . (he had always been in a private . . . so the other resident refused to be moved in to the . . . . . He said the management forced another bed into the . . . . without his permission did move his belongings on . . . . to one side of the . . . . .

During the interview the resident was observed using his electric scooter and had very little space to maneuver in his . . . . . that the majority of his belongings had been cleared away from half the . . . . A second bed was observed in the . . . . .

The resident's record was reviewed and documented that the resident was admitted . . . The resident was diagnosed with Multiple . . . . and no . . . . . He also has a history of a hip . . . . . The resident was independent with his medications and independent with activities of daily living, but used a scooter to get around.

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In the resident's financial file there was a copy of court documents filed by both the facility and the resident. The facility filed an action to evict the resident and the resident is seeking an injunction to prevent the facility from entering his private apartment.

There was also a copy of a police report for the incident in which police responded twice. The first visit the police officer advised the facility to seek legal counsel prior to placing a second resident in the . The second visit was because the facility decided to place another resident in the I wanted police presence while they readied the . The officer observed that with all the resident's belongings now on one side of the was very little for the resident to maneuver. On at 3:45 p.m. the administrator was interviewed and said the facility is going to court tomorrow for the eviction. She acknowledged that the resident's belongings were moved in order to accommodate another resident in the .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Seaside Healthcare
2091 South Ocean Drive
Hallandale, FL 33009

Dear Administrator:

Re: CCR #2013007388, 2013006605, 2013006575, 2013006098, 2013005497, 2013004476, 2013004428, 2013003742 and 2013006117

This letter reports the findings of a complaint survey that was conducted on _ 2013 by representatives from 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(30) 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 represenatives. 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
XG90

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