STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967495	09/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leisure City Home Care	14785 Coolidge Lane Homestead, FL 33033	

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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Leisure City Home Care had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the Assisted Living Facility failed to review doctor order biannually for the use of half-bed rail as well as to have resident or resident's representative consent for the use of half-bed rail for one out one sampled residents (#1).

Findings include:

1. During tour of facility on at 2:50 p.m. resident #1 was lying on bed with a half-bed rail up.

2. Record review of resident #1's file revealed that doctor order for the use of half-bed rail was done on and consent for the use of half-bed rail on resident #1's file but it is not dated or signed.

3. Interview with administrator via telephone on at 3:40 p.m. revealed that she was unaware that facility was responsible for half-bed rail after a resident was receiving hospice services.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and record review the Assisted Living Facility failed to have for a hospice patient, the interdisciplinary care plan as required for one out of one sampled residents (#1).

Findings include:

1. Interview with caregiver_A on at 3:10 p.m. revealed that resident #1 receives hospice services. Interview with administrator via telephone on at 3:40 p.m. revealed that hospice's nurse informed administrator that all required documentation for resident #1 was inside resident #1's hospice record and she did not check that documentation was completed.

2. Record review for resident #1's file revealed that there was a doctor order for hospice evaluation dated and signed while hospice record has in the communication log a visit signed on . There was not interdisciplinary plan of care in resident #1's facility record or hospice record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Leisure City Home Care
14785 Coolidge Lane
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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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