STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965079	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lindsay's Alternative Care, Inc	5783 Nw 48th Drive Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/15/2013
0054-Medication - Records-10/15/2013
0055-Medication - Storage And Disposal-10/15/2013
0079-Staffing Standards - Levels-10/15/2013

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit was completed at Lindsay's Alternative Care on 10/15/13. With the exception of one tag (A008) all other previously identified citations were found corrected.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon review of the of the resident assessments and interview with the facility's Administrator, the facility did not ensure completeness of the 1823 assessment for two of five sampled residents (Resident #2 and #4).

Findings include:

Based upon review of the 1823 (dated for Resident #2, The following questions under "C" asks "Does the individual have any of the following conditions/ requirements? If yes, please include an explanation in the comments column." The following sections were blank: 4. "Pose a danger to self or others?" 5. "Require 24 hour nursing or care?" The facility Administrator was asked about this at 10:30 AM on She stated she did not know why the blanks were there, but that perhaps the doctor got in a hurry signing the forms.

Based upon review of the 1823 for Resident #4, under section "C" of the 1823 "Does the individual have any of the following conditions/ requirements? If yes, please include an explanation in the comments column" question #2 is "bedridden"? There is not an answer to the yes/ no column for whether the resident is

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bedridden.

When asked at 9:30 AM on regarding this lack of response the Administrator stated she did not know why it was blank. There was also writing in the comments section (which was illegible). The Administrator at first stated, she was not sure what the comment stated, but a couple minutes later she mentioned she thought it said "non-ambulatory". The 1823 was signed by an MD (medical doctor) on

Copies were obtained of each of these 1823 forms with the missing elements.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lindsay's Alternative Care, Inc
5783 Nw 48th Drive
Coral Springs, FL 33067

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on ..... 15, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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/dmb

YOSF

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924