STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966881	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hollywood Manor Assisted Living, Inc	1928 Washington Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/18/2013
0052-Medication - Assistance With Self-Admin-10/18/2013
0093-Food Service - Dietary Standards-10/18/2013

Revisit New Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac

0000-Initial Comments

A revisit was completed at Hollywood Assisted Living on 10/18/13. There were deficiencies identified during the survey.

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

Based upon record review and staff interview, the facility did not ensure that complete assessments were provided, as required, for two of four sampled residents (#1 & #3). In addition, the 1823 assessment for two of four residents (#2 & #4) was not completed timely.

Findings include:

Based upon record review, there is an 1823 assessment dated for resident #1. Section 2B "does individual need help with taking his or her medications?" is blank on the 1823. The administrator was notified of the missing information on this 1823 at 11:20 AM on . The administrator verified in an interview at 11:40 AM that he does not have any additional assessment for this resident with this information.

Based upon record review, the only 1823 assessment on file for resident #2 is dated . Based upon review of the facility admission log, the resident was admitted to the facility on . The facility administrator stated in an interview at noon on , that there was another 1823 that came with the resident from the nursing home, but he could not find it.

Based upon record review, the 1823 assessment for resident #3 has missing information. Section 2-A "Self care and general oversight assessment" is blank on the 1823. The facility administrator stated in an interview at 11:20 AM on that there should be another 1823 for this resident & he will look for it. At 11:40 AM, the administrator verified he could not find another, complete 1823 for this resident.

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Based upon interview with the facility administrator at 12:30 PM on . resident #4 does not yet have an 1823 assessment on file at the facility. The administrator stated the resident was admitted (which was verified by a review of the admission log). The administrator stated the physician came and saw the resident on and still has the 1823 form. Review of the resident's record verified a physician exam on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hollywood Manor Assisted Living, Inc
1928 Washington Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a 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, and a new deficiency that was 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

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