STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	**10/16/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lee Residence	**6260 Gun Club Road West Palm Beach, FL 33415**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial Standard Relicensure survey was conducted on . Lee Residence had deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC
Based on observations, interviews and record review, the facility failed to obtain prior approval when their capacity was increased from 6 to 8 Residents (#1 and #8).

The findings include:

During entrance conferences conducted at 9:21 AM with the Administrator's Son and at 10:38 AM with the Administrator, both stated they currently have eight people living at the facility. Of the 8 residents residing at the facility, 6 were identified as assisted living residents (Resident #2-#7) and 2 as independent residents (Resident #1 and #8).

In interviews conducted on at 9:33 AM with Resident #1 and at 4:45 PM with Resident #8, both stated facility staff help them by bringing their medications to them in pills cups, and both stated facility staff help them with taking showers.

Review of facility records revealed facility staff maintained on-going lists of both Residents' medications. This included a record of when a medication was discontinued for Resident #8. Further review of facility records revealed a Department of Health Residential Group Care Inspection Report dated that documented eight residents present.

During an interview conducted on at 6:01 PM, the Administrator denied Resident #1 and #8 were assisted living residents, but confirmed facility staff stored their medications for them.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lee Residence
6260 Gun Club Road
West Palm Beach, FL 33415

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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