

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 12/10/2013
NAME OF PROVIDER OR SUPPLIER Grand Court Lakes Management, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 280 Sierra Drive North Miami Beach, FL 33179	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Investigation survey (CCR # 2013012811 and 2013012015) was conducted at Grand Court Lakes Management on , 2013. Deficiencies were found at time of survey.

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

Based on record review and interview facility failed to have a conduct a face to face medical examination by a license health care provider within 30 days of admission for 1 out of 8 sampled residents (# 6).

Findings include:

Record review of resident # 6 revealed that resident was moved from the independent facility to the Assisted Living Facility on . No Health Assessment (AHCA 1823) was found in resident's folder.

Assistant Administrator acknowledged findings on , 2013 interview at 3:15 pm. He stated: " Resident's brother wanted us to move resident # 6 back to the independent side of the facility and we did not know if we would do it, because he can not live on his own."

Class III

0009-Admissions - Admission Package 58A-5.0181(3) FAC

Based on record review and interview facility failed to have a contract for 1 out of 8 sampled residents (# 6).

Findings include:

Record review of resident # 6 revealed that resident was moved from the independent facility to the Assisted Living Facility on . No contract with the Assisted Living Facility was found in resident's folder. A contract for independent living was kept in resident # 6 file in the office.

Assistant Administrator acknowledged findings on interview at 3:15 pm. He stated: " Resident's brother wanted us to move resident # 6 back to the independent side of the facility and we did not know if we would do it, because he can not live on his own."

Class III

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0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview facility failed to maintain a daily medication observation record (MOR) for residents that receive assistance with self-administration of medication for 1 out of 8 sampled residents (#6).

Findings include:

Resident # 6 on interview on _____, 2013 at 1:30pm stated: "There are days that I do not get medications." At 1:45pm resident stated: "I got medications last night."

On _____, 2013 at 3:35 pm spoke to the doctor's office and he stated: "The orders were faxed to the pharmacy this morning. If resident is not taking the medication it would not cause any harm to him."

On _____, 2013 at 3:45 pm interviewed pharmacist and he stated: We are sending a 3 days supply today".

Med tech was not able to provide an MOR for _____ and _____ and the MOR for _____ was not signed.

Class III

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

Based on record review and interview facility failed to keep on resident's record a consent for assistance with self administration of medication for 1 out of 8 sampled residents (#6).

Findings include:

Record review of resident # 6 revealed that resident was moved from the Independent Living to Assisted Living Facility on _____.

On _____, 2013 at 2:00 pm interview Med Tech and she stated: "We assist resident # 6 with his medications".

Record review on resident # 6 revealed that there was not consent for assistance with self administration of medication by a non-license person signed.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Court Lakes Management, Llc
280 Sierra Drive
North Miami Beach, FL 33179

Re: CCR #2013012015 & 2013012811

Dear Administrator:

This letter reports the findings of two state complaint survey that were 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

