STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	**01/22/2014**
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring Survey was conducted on , 2014. Grand Court Lakes Management, Llc had deficiencies at time of survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview facility failed to notify both the Agency Field Office and Agency Central Office within ten (10) days of a change of the facility administrator on the Notification of Change of Administrator.

Findings include:

Record review of the facility on the Facility Finder revealed that the person listed as the facility administrator is different to person administering the facility.

On , 2014 at 1:43 pm spoke to one of the AHCA office employee and she stated: "there is nothing on the system about an administration change in the facility."

On , 2014 at 2:00 pm administrator brought a copy of the notification of change of administration but she did not have a receipt of sending the letter through the mail. She stated: "Starting now everything that we send out on the mail has to be certified." Notification of Change of Administrator was dated

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2014 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

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121