STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967718	02/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leisure Living Of Victoria Park	1700 NE 5th Street Fort Lauderdale, FL 33301	

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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:
0000-Initial Comments
The following deficiencies were cited during a biennial abbreviated relicensure survey conducted on at Leisure Living of Victoria Park assisted living facility. The facility had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and an interview, it was determined the facility failed to ensure that 2 out of 5 residents sampled for record reviews (Resident #4 and #9) did not have a completed health assessment (AHCA form 1823) in their charts.

The Findings Include:

1. During a record review conducted on , no Resident Health Assessment (AHCA Form 1823) was found in resident #4 or #9's chart. Regarding Resident #4's chart, the Administrator stated on at 2:41 p.m. that one of the owners had taken the health assessment to the physician's office. She stated, "I don't know what happened to it after that." The Administrator acknowledged that the 1823s were not on the premise and available for review for Resident #4 or #9.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and an interview, it was determined the facility failed to ensure that 2 out of 5 residents (Resident #8 and #11) health assessments were reflective of current treatments and diet received.

1. During further record review, Resident #8 and #11's health assessments were observed incomplete as they did not reflect the residents' current treatments or diet received.

Resident #8's current 1823 dated lists diagnoses of , Polymyalgia, , and . The resident's 1823 does not indicate that she is receiving hospice services. It further does not list what type of diet the resident is receiving.

Resident #11's current 1823 dated lists diagnoses of , and . The resident's 1823 does not indicate that she is receiving hospice services. It further does not list what type of diet the resident is receiving.

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2. The Administrator provided a census list on ... that indicated Resident #8 and #11 were on Hospice. She acknowledged the findings on at 2:48 p.m.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to ensure that resident rights were followed for 14 out of 14 residents as pertinent phone numbers were not posted.

The Findings Include:

During a tour of the facility on at approximately 8:05 AM, pertinent agency addresses and phone numbers were not observed posted anywhere in the facility. The numbers not posted include the Agency for Healthcare Administration (AHCA), District Long-Term Ombudsman Council, the Advocacy Center for Persons with the Florida Local Advocacy County, Agency Consumer Hotline and the Florida Hotline.

In an interview conducted on ... at 8:30 AM, the Administrator acknowledged the findings.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to ensure that proper medication procedures were followed for 4 out of 14 residents (Resident #1, #2, #4 and #6) observed during medication pass who needed assistance with self-administration of medications.

The Findings Include:

1. During observation of medication pass on ... beginning at 9:04 AM, Staff A was observed assisting residents with self-administration of medication without stating the names of the medications to the residents (Resident #1, #2, #4, and #6).

2. During further observation, at 9:04 AM, Staff A gave Resident #1 a total of 8 pills. Staff A was observed to have dropped the resident's 81 mg on the floor of the dining She stood for approximately one minute looking around the dining This writer asked if she knew what to do with the dropped pill and she stated she would have to ask the Administrator. Staff A asked Staff C to find the Administrator.

The Administrator came into the draining Staff A asked what she should do with the pill on the floor. The Administrator opened another pack of meds on time pills for the next day, She took the out of the packet to replace the one dropped. The Administrator stated she would call the pharmacy and they would send a new packet of pills for The Administrator picked the off the floor and stated she would crush the pill and put it in the garbage.

3. At 9:40 AM, Staff A was observed during medication pass giving Resident #4 his medications. The resident asked what pill was missing as he counted only 8 pills and stated he gets 9. Staff A stated the pill must have

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been stopped. Resident #9 asked, "Which pill?" Staff A stated she did not know.

4. A review of the Medication Observation Record (MOR) for Resident #4 indicated Lamisil 250 mg, 1 tablet by mouth every day, was listed. The Administrator provided the script that indicated Lamisil was discontinued on . She stated that one of the owners, who is also a Registered Nurse, audits the MORs monthly and forgot to write that Lamisil was discontinued. A review of Resident #4's MOR noted that Lamisil was discontinued.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Leisure Living Of Victoria Park
1700 NE 5th Street
Fort Lauderdale, FL 33301

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by representatives 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 **2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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