STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	04/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Lake Retirement Home	1222 North 16th Avenue Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2014002109 and CCR #2014001440 was conducted and at North Lake Retirement Home. The facility had deficiencies found at the time of the visit.

(Deficient practice identified at CCR #2014002109)

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, interview and record review, the Assisted Living Facility failed to ensure that 1 out of 12 (Resident #6) sampled residents met the continued residency criteria and failed to have an updated Health Assessment (AHCA Form 1823) completed with significant change as defined in rule 58 A-5.0131,F.A.C., for 1 out of 12 (Resident #6).

Findings include:

Interview with the Assistant Administrator on at 12:00 PM, revealed Resident #6 was admitted into the facility . He stated she needed assist with all ADLs (Activities of Daily Living) except eating. He stated he noticed a decline in function shortly after admission and informed her grandson and D (Confidential Source).

Record review of Resident #6's file on revealed the resident was admitted into the facility . Resident Health Assessment (AHCA Form 1823) completed and signed by the doctor on . The Health Assessment documented the resident needed assistance with all ADLs except eating. The form documented the resident needed supervision with eating. Facility progress note documented resident in the recreation the doctor and the grandson were notified on . The resident was sent to the hospital for observation and discharged backed to the facility .

Record review of Resident #6's file on revealed resident was found on the floor from the head on . The resident was sent to the hospital by fire rescue on . Further record review failed to reveal documentation indicating that the doctor, grandson and DCF were notified of resident decline in function.

a) Review of Resident #6's hospital records on revealed the following, "resident was seen in the emergency department after a while getting out of bed. She was admitted with diagnoses of Spine .

b) Review of Resident #6's hospital record on revealed the following. "palliated care note stated this is female with s/p slip and with dens extending from c2-c3.Patient has had a history of re-current and overall functional decline. She requires total care with all ADLs. Earlier today patient and not eating, routine anti-ps were held. This afternoon patient has become more alert

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and agitated pulled out and requiring Posey mittens. She is awake during visit but not oriented. care consulted for goals of care consulted for goals of care determination and symptom management."

c) Resident #6's discharge summary dated documented patient was found to have C-spine Dens but remained stable.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

RE: CCR #2014001440 & CCR #2014002109

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on . 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure

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