STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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 - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on . . . . . through at North Lake Retirement Home. The facility had deficiencies found at the time of the visit.

The Relicensure survey was conducted in conjunction with a complaint revisit for CCR #2014002109 and CCR #2014001440 on the same date. Please see separate report for findings.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, record review and interviews, the facility failed to ensure that all medications were appropriately labeled and centrally stored, for 2 out of 15 sampled residents (Resident #4 and #10).

1) During a tour of the facility conducted on . . . . . beginning at 9:10 AM, the following medications were observed on Resident #10's nightstand: Walmucil, . Centrum Silver, . . . eye drops, . and . The over-the-counter medication did not have a pharmacist's label indicating the resident's name, dosage, or instructions. A small plastic bag with 5 unidentified pills along with two pill organizers were also found on the resident's nightstand. The . . . . . unlocked and no residents or staff were present; at this time the . . . . . accessible to all persons.

Record review revealed that Resident #10's Medication Observation Record (MOR) for . . . . 2014 listed the six aforementioned medications . There were no initials indicating the resident received any of the medications. The words "self-administer" was documented next to each medication on the MOR.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	07/01/2014
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)		

Further record review conducted revealed Resident #10 did not have a current Resident Health Assessment (AHCA form 1823) on file. His admission date was . The Manager stated on at approximately 10:00 AM that Resident #10 can self-administer his own medications. He stated that the facility's house physician was coming in the afternoon and would examine Resident #10 and complete the AHCA form 1823.

After the house physician left, a review was completed of Resident #10's AHCA form 1823 dated . The AHCA form 1823 indicated the resident was able to administer medications with no assistance.

In an interview conducted on at 9:35 AM, the Manger stated if residents can self-administer they can keep medications in a locked, secured area. This writer showed him the medications on the nightstand in Resident #10's . The Manager stated he did not know how long the medications were there. He stated, "The Certified Nursing Assistants or housekeeping would tell me right away if they saw these." He stated the facility's policy and procedures on medication storage is embedded in the resident's contract. A review of the contract regarding medication states that, "Residents will not be permitted to keep medication in their ."

The Manager came to this writer on at approximately 2:00 PM and stated he had secured Resident #10's medications. He showed that the medications were now kept in a locked wardrobe closet that the resident had a key for.

2. During an interview with Resident #4 conducted on at 1:27 PM, she stated that she keeps medications in a locked bag underneath her bed. Resident #4 stated she is competent to take her medications and follows the directions on the labels. She added that she notifies the staff when she takes her medications.

The resident showed this writer the medications in the locked bag which included:
a) mg, 1 tablet every 4 hours on an as needed basis (PRN)
b) 350 mg, 1 tablet every 8 hours PRN
c) 15 mg, 1 tablet at bedtime PRN
d) Tizandine 4 mg, 1 tablet twice a day PRN
e) Tessal 2 capsules every 8 hours PRN
f) 100 mg, 1 tablet twice a day PRN
g) Syrup 30 ml, every morning PRN
h) 8 mg every evening, scheduled medication
i) 1 mg, 1/2 tablet every day, scheduled medication

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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)		

Record review of Resident #4's current AHCA form 1823 dated indicated she requires assistance with self-administration of medication. Review of the resident's MOR for 2014 did not list the following medications that the resident stated she was taking: , Tinzandine, and Tessal. In addition, the MOR lists a dosage of 6 mg, not 8 mg, indicating the resident can self-administer. There are initials that was given to the resident only on and , although she takes the medication on a scheduled basis per the MOR. The MOR also indicates that the resident can self-administer . Further review revealed no physician's orders that indicate Resident #4 can self-administer any medications.

During an interview with the Manager on at 10:09 AM, he stated that he is aware Resident #4 stores her PRN medications in a secured bag underneath her bed. He stated she asked to keep her PRNs with her as it would be easier to take one as needed.

3. Review of Resident #4 and #10's contracts revealed the Medication Storage and Labeling Policy and Procedure which reads, "All medications will be labeled in individual containers, clearly marked with resident's name, type and dosage of medication, physician's name, pharmacy name and phone number, date and specific instructions on when medication should be taken as labeled by pharmacist. Over-the-counter medications and dietary supplements must also be labeled as stated above. These medications must be kept in a locked cabinet. Residents will not be permitted to keep medication in their . Residents or family members brining medication, including over-the-counter medications must deliver medication to the Administrator's office."

The Manager acknowledged the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the assisted living facility failed to ensure 1 out of 5 (Staff A) current staff members have evidence of an annual negative exam.

The findings include:

Review of Staff A's personnel record, whose date of hire was , revealed a negative exam dated . Record review lacked any other documentation of a exam.

In an interview conducted with the Administrator on at approximately 1:55 PM, he stated Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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)		

A is a current staff member at the facility and provides direct care to residents, he reviewed the file and confirmed the findings. He stated no further documentation was available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the assisted living facility failed to ensure that 2 out of 5 (Staff B and Staff E) current unlicensed staff members, who provide assistance with self-administered medications, obtained the required initial 4 hours of Assistance with Self-Administered Medication and Medication Management Training.

The findings include:

1) Review of Staff B's personnel record, whose date of hire was , lacked any documentation of the required 4 hours of Assistance with Self-Administered Medication and Medication Management Training. In an interview conducted with the Staff B on at approximately 9:50 AM, she confirmed that she does provide assistance with self administration of medications on Saturdays and Sundays during the 7:00 PM- 8:00 AM shift.

2) Review of Staff E's personnel record, whose date of hire was , lacked any documentation of the required 4 hours of Assistance with Self-Administered Medication and Medication Management Training.

3) Review of the time sheets for and for Staff B and Staff E revealed that they both worked 7:00 PM - 8:00 AM.

4) During an interview with Resident #24 conducted on at 9:05 AM, she confirmed that the residents receive their evening medications at about 8:00 PM and that the night staff is the one who assist with the evening medications (Staff B and E).

5) In an interview conducted with the Assistant Administrator on at approximately 1:55 PM, he confirmed that on Saturday and Sunday , Staff B and Staff E were the only staff members present at the facility during the 7:00 PM- 8:00 AM shift. He also confirmed that Staff B was responsible for assisting the residents with the self administration of their medications during the 7:00 PM- 8:00 AM shift on and . He reviewed the files of both Staff B and Staff E and confirmed that he could not provide proof of the required 4 hours of Assistance with Self-Administered

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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)		

Medication and Medication Management Training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interviews, the facility failed to ensure that there was no more than a 14 hours lapse between the end of the evening meal and the beginning of the morning meal .

The findings include:

1) A review of the posted dining hours for the facility were as follows: Breakfast 8AM -9AM, Lunch 11:30AM -12:30PM ,Dinner 4:30PM -5:30PM.

2) In an interview conducted with Resident #23 on 6/3(1:30 PM, she stated the problem with the dining service is that dinner is served between 4PM -4:30 PM and breakfast is not until 8:00 AM the next day.

3) In an interview conducted with the cook on 6/3(1:45 PM, she confirmed that the residents are finished with their dinner by 5:30 PM and that breakfast is served at 8:00 AM.

4) In an observation conducted on 6/3(4:00 PM, residents were already seated for dinner.

5) In an interview conducted with the Resident #24 on 9:30 AM, she stated dinner is served at 4:30 PM, staff tells you to be here at 4 and you are served by 4:30 PM , everyone is finished by 5:30.

6) In an observation conducted on 3:40 PM, residents were already coming into the dining room seated for dinner.

7) In an interview conducted with the Assistant Administrator on 1:55 PM, he confirmed that the dining hours are as posted.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	07/01/2014
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)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews, the facility failed to provide a safe living environment maintained free of hazards.

The Findings Include:

During an initial tour of the facility conducted on beginning at 9:10 AM , the following was observed and photos were taken:

1. Resident

a. Air conditioning unit with missing front panel piece

2. Resident

a. Water-stained ceiling

3. Resident

a. Bathtub with peeling enamel

b. Both had tiles with ground-in dirt

c. Visitor's chair in the entryway with stains and torn upholstery

4. Resident

a. Bed sheets for Resident #5 had -bare areas and were held together at the top by safety pins

b. Both had tiles with ground-in dirt

c. Bathtub with peeling enamel

5. Building adjacent to facility housing 8 residents (one #19 used for the building)

a. Resident the left of entryway had leaning wardrobe closet with stripped wood at the bottom

b. Resident the left of entryway had no door, just a curtain

c. Resident the left of entryway had cracked tiles on step going into missing tiles with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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)		

floor beneath exposed near resident's bed

d. had wires exposed where numerous tiles had been taken off

e. Resident the right of entryway had no door

f. Shower with rust-colored stains on tiles

6. Dining

Large water stains on ceiling

7. Building Exterior

a. Soffits outside and #14 were cracked with wood and exposed metal beams

b. Dilapidated wooden shack outside Building #19 that residents could get access to

c. Old mattresses stored outside Building #19

d. Old toilets, a television, chairs, and step ladders among items placed on the grass outside Resident The back door to #14 opens to this area, potentially creating safety hazards since there is a small space to walk through the debris

e. Two storage sheds containing paint, cleaning supplies, tools, and various chemicals observed open numerous times during survey. Area can be accessed by residents.

f. Outdoor area where dirty laundry is kept had a fence

g. Outdoor area that houses the washers and dryer had a fence broken in spots with rusty screws protruding

A tour was conducted on at 2:15 PM with the Maintenance Director, Owner, and Manager. The Owner stated that the leak in the dining approximately one month ago. He stated the soffit areas were due to be fixed as an estimate was given and accepted. He added that the water stain in the dining in Resident #14's from a leaking roof.

The Maintenance Director stated that he needs to keep the two storage sheds open because, "I go in and out of them all of the time." The Owner stated that the residents, "never go back there." The facility has

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	
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)		

residents who potentially could access the area.

The Maintenance Director stated that the mattresses outside Building #19 and items outside Resident [redacted] 4's back door were old equipment or furniture that was due to be picked up for trash. He stated that this type of trash gets picked up once a month.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure 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 (30) 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 representatives. Should you have any questions please call this office at (51) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com