STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Am Grand Court Lakes, Llc	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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision 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

A Change of Ownership Survey along with two complaint (CCR 2014005578 & 2014005573), extended congregate care component expansion and a bed increase survey was conducted on 9-11, 2014. AM Grand Court Lakes had the following deficiencies at time of survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview, and record review facility failed to contact resident ' s healthcare surrogate for 1 out of 4 (resident # 3) sampled residents change in condition and transfer to hospital.

Findings include:

On , 2014 at 1:30 PM interview with staff B were conducted. Staff B stated resident # 3 was transferred to the hospital on , 2014; staff B stated she notified the case manager. Staff B stated she did not notify the healthcare surrogate to inform him of resident transfer to the hospital. Staff B stated the healthcare surrogate came into the facility the next day to see the resident and he was informed the resident had been admitted to the hospital , 2014.

On , 2014 at 2:00 PM interview with the administrator was conducted. The administrator stated the staff is instructed to notify the person listed on the face sheet if a change in resident condition or discharge to the hospital.

On , 2014 review of resident ' s # 3 record revealed; the healthcare surrogate is listed on resident face sheet the person to notify in change of resident condition and discharge to hospital.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on record review, observation and interview facility failed to have all the for the capacity increase completed at the time of the survey process.

Findings includes:

Record review revealed the floor plans provided by the facility indicated the being renovated still under construction which are not ready for occupacy at the time of the capacity increase survey on . All the which were to be either still under constructon were observed during the tour and were incomplete.

Observation of the which are still under construction and not ready for the increase are: (Building A) A-501/A-502/A-503 I/A-505/ (BUILDING)

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B-509/B-511/B-512/B-514/B-515/B-411/B-412/B-414/B-415/B-311/B-312/B-314/B-315/B-311/B-212/B-214.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

|, 2014

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

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 11, 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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