STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967166	10/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Saejca's Castle, LLC	13393 SW 32nd Street Miramar, FL 33027	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted at Saejca's Castle, LLC, on . . . . . 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 interview, the facility failed to ensure that the Health Assessment was completed within the required time frames, for 1 of 5 sampled residents (Resident #1).

The findings are:

Resident #1's record was reviewed and documented that the resident was admitted to the facility on . . . . . The record contained a copy of the Health Assessment as required, but it was signed by the health care provider on . . more than 60 calendar days prior to the date of admission. The Administrator was interviewed via telephone on . . at 1:45 p.m. and no additional information was provided.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, interviews and record reviews, the facility failed to ensure a resident was appropriate for continued residency, for 1 of 5 sampled residents (Resident #4).

The findings are:

During a tour of the facility on . . . at 11:30 a.m., Resident #4 was observed in bed, covered with a blanket and with eyes closed. The bed had half side rails placed in the upright position.

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The resident's record was reviewed. The resident was admitted to the facility on . The Health Assesment was dated . and documented that the resident was diagnosed with and was legally . The Health Assessment also documented that the resident required assistance with activities of daily living.

During further observations on at 1:30 p.m., two staff members were observed having difficulty positioning the resident in bed to a sitting position for lunch. The resident's legs were observed to be in a bent position under the blanket. One of the staff members present was interviewed and stated that the resident's legs are contracted. The resident was not interviewable, was observed to require total assistance including being unable to feed herself, and had to be fed by staff.

On at 1:45 p.m., the Administrator was interviewed over the telephone and acknowledged the findings. She further acknowledged that Resident #4 is not receiving EEC or Hospice services.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, interviews and record reviews, the facility failed to ensure that the use of siderails was annually reviewed by the resident's physician for 2 of 5 sampled residents (Resident #1 and Resident #2).

The findings are:

1. On at 11:30 a.m., Resident #1 was observed in bed, with full side rails on either side of the bed in the upright position. The resident's record was reviewed and there was no documentation of an order from the health care provider for the use of the siderails.

2. On at 11:30 a.m., Resident #2 was observed in bed with the full side rails in the upright position. The resident's record was reviewed and there was no documentation of an order from the health care provider for the use of the siderails

On at 1:45 p.m., the Administrator was interviewed and no further information was provided.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Saejca's Castle, LLC
13393 SW 32nd Street
Miramar, FL 33027

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) that was 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 (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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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