STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	10/08/2014
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 - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Three unannounced complaint inspections (#2014008602, #2014009389, #2014009988) along with a change of ownership survey revisit were conducted at Am Grand Court Lakes, LLC from to . There were deficiencies at the time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure resident Health Assessments were completed after a face-to-face visit with the residents' physician. This was evident for 3 of 26 sampled residents (#12, #16, and #17).

Findings include:

Record review of resident #12's health assessment dated revealed it was filled out completely and signed by a physician.

Record review of resident #16's health assessment revealed it was not dated and lacked an examiner's signature.

Record review of resident #17's health assessment dated revealed it was filled out completely and signed by a physician.

Interview with the Director of Nursing (DON) on at 3:52 pm revealed she acknowledged the handwriting on all three of the above referenced Health Assessments was hers. She said that any nurse can fill out a health assessment. She explained that the physician comes to the facility and reviews the the pre-filled out health assessment and then makes any necessary changes.

Record review of a document provided by the DON revealed the facility transcribed health assessment information onto new forms because the prior forms were outdated and invalid. The facility requested that the physician (review the form and sign on page 4. The letter was signed by both the administrator and DON.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) was complete for 1 of 26 sampled residents (#16).

Finings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Record reveiw of resident #16's MOR revealed it was missing staff initials for the 8 am dose of 50 mg from to . There was no indication on the MOR that the resident refused the doses.

Interview with staff J on at 1:20 pm revealed she confirmed the MOR was missing staff initials.

Interview with the DON on at 1:41 pm revealed she confirmed that the MOR was missing staff initials.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

CCR# 2014009988, 2014008602 & 2014009389

Dear Administrator:

This letter reports the findings of a change of ownership revisit survey and three complant survey that was conducted on 7-8, 2014 by representative(s) of this office.

All revisit deficiencies were found corrected, but new deficiencies were identified during the complaint surveys.

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, Health Facility Evaluator Supervisor at (305) 593-3100."

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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