STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965260	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amore' At Kanner Highway Llc	1634 S. Kanner Hwy. Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014007748, was conducted on [redacted] at Amore At Kanner Highway. The facility had a deficiency found at the time of the visit.

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on interviews and record review, it was determined the facility failed to make a resident's records available to the resident's legal representative as authorized in writing, for 1 of 3 sampled residents (Resident #6).

The findings include:

During interview with the Administrator, conducted on [redacted] beginning at approximately 12:30 PM, she stated she was not aware of any request from anyone other than the [organization name] for a copy of the medical records for Resident #6. She was asked to please review this record to ensure that such documentation was not over looked. She did so and looked through this record and did not locate this documentation. She did state that this resident [redacted] prior to her starting her employment at this facility. She confirmed that the entire record was reviewed for requested documentation including the business file (which is combined with the medical record upon discharge).

During a phone interview with the spouse (POA) of Resident #6, on [redacted] at approximately 12:15 PM, she was asked if she had any documentation indicating a request for medical records for Resident #6 was made to the facility. She indicated that she had the letter requesting medical records and a receipt signed by a staff member at the facility indicating that they had received this record request. She further stated that she would fax the Agency a copy for review. A review of aforementioned documentation indicated a written request was made on [redacted] requesting a copy of all of Resident #6 's records from the date of admission [redacted] 2012) to and including date of [redacted] on [redacted] Further review of the documentation revealed that Staff A had provided the spouse a receipt indicating delivery of the request.

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As of the date of the survey, the POA of Resident #6 still had not received aforementioned requested documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

RE: CCR #2014007748

Dear Administrator:

This letter reports the findings of a Complaint Survey that was conducted on 2014 by a representative from 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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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