STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	01/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Victoria's Retirement Home	**2233 Nw 56th Avenue Lauderhill, FL 33313**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014009989, was conducted on and at Victoria's Retirement Home. The facility had deficiencies found at the time of the visit

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, it was determined the Assisted Living Facility failed to honor a resident's right to a 45 day discharge notice, for 1 out 1 discharged residents (Resident #1).

The findings include:

During an interview with the ALF Owner on at 2PM, it was revealed that on Resident #1 was discharged from the assisted living facility to [name of the hospital]. On Resident # 1 contacted the Owner of the facility requesting a bed hold. During further interview with the Owner, she stated that she would not honor Resident # 1 ' s request because she did not receive Resident # 1's payment for the month of The Owner stated that non- payment from Resident # 1 occurred a few times. Record review revealed the facility (the Owner) had failed to issue Resident # 1 a 45- day discharge notice. The Owner confirmed during interview that she had not issued Resident # 1 a 45- day discharge notice.

Record review of Resident # 1's file found an admission date of In an interview with the assisted living facility (ALF) owner, she stated Resident # 1 did not make the facility her financial representative and Resident # 1 was responsible for making her own payments. She stated non- payment from Resident # 1 was becoming a pattern. On the state surveyor requested Resident # 1's billing invoices. The Owner responded stating she did not keep an accounting record on file for Resident # 1.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	01/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Victoria's Retirement Home	2233 Nw 56th Avenue Lauderhill, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In a phone interview with the ALF Owner on at 2:15PM, she acknowledged that she should have issued Resident # 1 a 45 day discharge notice.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview and record review, the facility failed to submit an Adverse Incident Report to the state for an incident that resulted in a resident requiring medical attention for acute care, for 1 out of 3 sampled residents (Resident # 1).

The findings include:

A review of Resident # 1's file revealed she was admitted to the facility on with a diagnosis of chronic pain, overactive tobacco and A review of Resident # 1's progress notes reveal on Resident # 1 in the 3:45 AM. The progress notes states Resident # 1 stated she lost her balance while walking to the Further record review revealed Resident # 1's heard the and called the night staff for assistance. Resident # 1 stated she was hurting. The night staff called 911 and Resident # 1 was taken to [name of the hospital] at 4:10 AM. [name of the hospital] called the facility on and stated Resident # 1 sustained a and was admitted.

A review of Resident# 1's file and facility records found no adverse incident reported to the state. On at 11:30 AM, an interview was conducted with the Owner of the facility. She stated the facility did not complete an adverse preliminary or full incident report to the state for Resident # 1's on She stated she did not know she needed to submit a report because she thought if the was not the facility's fault she did not have to submit a report.

In an interview on at 1:55 PM with the Administrator and the Owner of the facility, they acknowledged the finding and stated no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	**01/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Victoria's Retirement Home	**2233 Nw 56th Avenue Lauderhill, FL 33313**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 21 , 2015

Administrator
Victoria's Retirement Home
2233 NW 56th Avenue
Lauderhill, FL 33313

RE: CCR #2014009989

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 and , 2015 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 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

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