| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953272 | 11/07/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Lakewood Retirement Center | 1220 Jimmy Ann Drive Daytona Beach, FL 32117 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced bienniel licensure survey was conducted at Lakewood Retirement Center on , 2014. Deficiencies were identified.

**0093-Food Service - Dietary Standards 58A-5.020(2) FAC**
Based on observation and interview with staff, the facility failed to store a three day supply of non-perishable food or water in the event of an emergency based on the resident census.

The findings include:

An inspection of the emergency food supply was conducted at 12:15 pm on found insufficient amounts of non-perishable foods for a census of 15 residents at the time of survey. There were only two twelve-serving sized cans of ravioli, two 2.5 serving-sized cans of Vienna sausages. Numerous cans were marked with Julian code expriation dates. therefore there was no way to determine when the food expired. There were approximately 8 cans of food that were dented, and an equal amount of cans with no labels. There were no fruits, starches, and no potable water in store.

An interview was conducted with the Administrator at 12:20 pm on . She confirmed there was not enough protein, fruits or starches in store for the census in the event of an emergency. She stated she did not have a way to decipher the Julian codes, and admitted there was no way to determine expiration dates on those cans. She confirmed there was no potable water on site in the event of emergency.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**
Based on a review of resident records, and interview with the Administrator, the facility failed to maintain a weight record, obtain consent for unlicensed staff to assist with the self-administration of medication, or to obtain a written contract for 1 of 2 sampled residents (Resident # 1).

The findings include:

A record review for Resident #1 found she was admitted on . The Resident Health Assessment (AHCA form 1823) dated found she had diagnoses including chronic obstructive and . The examiner assessed Resident #1 as requiring assistance with the self-administration of medication. Further review of the record found no written consent for unlicensed staff to assist with the self-administration of medication. There were no weights for Resident #1 recorded prior to . Finally, there was no resident contract on file for Resident #1.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| **Lakewood Retirement Center** | **1220 Jimmy Ann Drive Daytona Beach, FL 32117** | |
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An interview was conducted with the Medication Technician at 12:50 pm on . She reviewed the resident's record, then searched the overflow records for Resident #1. She was unable to locate the missing documents. She confirmed there was no contract, no consent, and no weights for Resident #1.

An interview was conducted with the Administrator at 2:40 pm on . She acknowledged the missing documents.

Class III

**0167-Resident Contracts 58A-5.025 FAC**
Based on a review of resident records, and interview with the Administrator, the facility failed to maintain a written contract for 1 of 2 sampled residents (Resident # 1).

The findings include:

A record review for Resident #1 found she was admitted on . Further review of the record found that there was no resident contract for Resident #1.

An interview was conducted with the Medication Technician at 12:50 pm on . She reviewed the resident's record, then searched the overflow records for Resident #1. She stated she was unable to locate the missing documents. She confirmed there was no contract and no weights for Resident #1.

An interview was conducted with the Administrator at 2:40 pm on . She acknowledged the missing contract. She stated the resident's social security benefit amount increased annually for the last two years. She admitted she should have completed a new contract with each benefit amount increase.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lakewood Retirement Center
1220 Jimmy Ann Drive
Daytona Beach, FL 32117

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

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