

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 02/26/2015
NAME OF PROVIDER OR SUPPLIER Am Grand Court Lakes, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 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 - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

An complaint inspection (CCR# 2015000530) was conducted from to . AM Grand Court Lakes had deficiencies found at time of survey.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed health assessment for 1 out of 3 residents (resident #2).

The findings are:

Review of resident #2's record indicated that he was admitted to the facility Review of this resident's health assessment dated on indicated that he was diagnosed with lymphedema and, and no assistance level for his activities of daily living were marked on this document.

In an interview with the facility's nursing director on at 1:45pm, she stated that she was aware that resident #2's most recent health assessment was not completed and that the facility did not have a current and completed health assessment for this resident.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015000530

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015
by representative(s) 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 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
Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida