STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968026	05/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LESLY LEISURE LIVING III	8080 NW 51ST STREET LAUDERHILL, FL 33351	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Lesly Leisure Living III. The facility had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 1 out of 2 residents' records reviewed (Resident # 4) .

The findings include:

A review of Resident # 4's file revealed an admission date of [redacted] Resident # 4's last medical exam is dated for [redacted] with the following diagnosis: [redacted] and [redacted] Record review of Resident # 4's file revealed he had a significant change in his health status and is currently receiving daily [redacted] care from a Home Health Agency nurse since [redacted] for a diagnosis of Actinic Keratosis, Skin [redacted] and an Open [redacted] on his scalp. However, Resident #4's AHCA Form 1823, does not indicate the requirement of a home health agency [redacted] care nurse and the [redacted] care diagnosis or nursing services required.

During an interview conducted on [redacted] at approximately 2 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview, it was determined the facility failed to have the use of physical [redacted] which includes half bed rails reviewed by the resident's physician annually, for 1 out of 2 sampled residents' records reviewed (Resident # 2) .

The findings include:

During a tour of the facility on [redacted] at approximately 9:45 AM, Resident # 2 was seated at the activity table. Observations of Resident # 2 ' s [redacted] her bed against the wall with one half bed rail positioned down. Immediately after observations, an interview was conducted with Administrator. The Administrator stated the bed rails are used when Resident # 2 is in the bed. She further stated that Resident #2 is unable to avoid the bed rails without assistance and unable to remove the device. On [redacted], a record review of Resident # 2's file revealed an admission date of [redacted] and no physician order for the use of half bed rails.

On [redacted] at approximately 12:45 PM, the Administrator was notified of the missing physician order. At

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SUMMARY STATEMENT OF DEFICIENCIES
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0030 Continued From page 1

approximately 1:55 PM, the Administrator revealed Resident # 2 does not have a physician order for use of half bed rails.

During an interview conducted on with the Administrator at 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service training's within 30 days of hire, for 1 out of 2 sampled staff records reviewed (Staff A).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was . . . . . Further review revealed Staff A's file lacked documentation indicating the employee had completed the following in-service training: Activities of Daily Living and Behavioral Needs. Further review of Staff A's file revealed she was hired as a direct care staff member.

During an interview with the Administrator on at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lesly Leisure Living III
8080 NW 51st Street
Lauderhill, FL 33351

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 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
Enclosure

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