STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967653	05/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LAKE VIEW ALF CORP	14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Lake View ALF Corp with Limited Nursing Services component had deficiencies found at the time of the survey.

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

Based on observation, record review and interview the facility failed to ensure that resident's met the continued residency criteria for one out of three sampled residents (Resident #4).

Findings included:

Observation on at 10:00 AM, showed that Resident #4 was observed sitting in the common . The resident appeared alert and awake.

Review of Resident #4 record on at 11:30 AM document that she was admitted to the facility on / / and has a diagnosis of Hip , Recurrent , , , chronic , , , Chronic back pain. The health assessment documented that she requires assistance with the Activities of Daily Living.

The surveyor observed the facility administrator assisting Resident #4 with her transfer on at 11:30 AM. He placed his hands underneath resident's hands and lifted her from the recliner. She was unable to assist with her own transfer.

Review of Resident #4's file revealed in Health Assessment completed on / / Resident #4 needed assistance for all activities of daily living (ambulation, bathing, dressing, eating, self care, toileting and transferring) also that Resident #4 was bedridden and had a and 2 on the back.
In an interview with Administrator on at 2:20 PM revealed that resident needed total assistance with bathing and transferring.
Interview on at 3:00 PM, the facility administrator confirmed that sampled Resident #4 was unable to assist with her own transfer; therefore the residents no longer met the criteria for continued residency and would be discharged from the facility.

Observation on at 3:15 PM revealed that nurse from home health agency arrived to provide care. Resident #4 had a in the sacrum, according to surveyor, Registered Nurse , assessment was in healing process.

Reviewed of home health agency record revealed that Resident #4 started receiving services for care on and failed to improved in 30 days . Nurse record revealed that in the sacrum area were length 4.7 cm width 2.8 cm depth 0.2 cm on . Nurse record revealed that in the sacrum area were length 4.8 cm width 2.9 cm depth 0.2 cm on . Nurse record revealed that in the sacrum area were length 5.0 cm width 3.0 cm depth 0.3 cm on / /

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SUMMARY STATEMENT OF DEFICIENCIES
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0010 Continued From page 1

Class: III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain documentation in the resident's record regarding appointment of a health care surrogate, guardian or power of attorney for two out of three sampled residents (Resident #1 and #4).

Findings included:

Review of resident records on at 11:00 AM, showed that for Resident #1 his wife signed his documents and for Resident #4 her daughter signed her documents; however, there was no documentation in their records to show that the residents had appointed a health care surrogate, guardian, or power of attorney to represent them and sign their paperwork.

Interview conducted on at 2:30 PM, Staff A, administrator stated that the facility does not maintain documentation in the residents record regarding appointed a health care surrogate, guardian or power of attorney for Resident #1 and #4.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lake View Alf Corp
14220 Kendale Lakes Boulevard
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a Standard Biennial 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/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida