State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11911297

(Y2) Multiple Construction
A Building
B Wing

(Y3) Date of Revisit
6/17/2015

Name of Facility
LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC

Street Address, City, State, Zip Code
5357 BROSCHE ROAD
ORLANDO, FL 32807

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0052 Reg # 58A-5.0185(3) FAC LSC		ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2 LSC		ID Prefix Reg. # LSC	
ID Prefix Reg # LSC		ID Prefix Reg # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg # LSC		ID Prefix Reg # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg # LSC		ID Prefix Reg # LSC		ID Prefix Reg # LSC	
ID Prefix Reg # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency | Reviewed By | Date: | Signature of Surveyor: [signature] | Date: 7/1/...

Reviewed By CMS RO | Reviewed By | Date: | Signature of Surveyor: | Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911297	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC	**5357 BROSCHE ROAD ORLANDO, FL 32807**	

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

0000 - Initial Comments

Revisit to the Relicensure survey was conducted on 6/18/15. Lakeview Manor Assisted Living Facility Inc. had a deficiencies found at the time of the survey.

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

Based on observations, interviews and record review, the facility failed to ensure residents were treated with dignity and respect, lived in a safe environment and the use of physical were limited to the used of half-rails for 1 of 3 sampled residents (#9).

Findings:

Observation during the tour on at approximately 11 AM revealed resident #9 was restrained in a reclining chair with her feet elevated. There was a stool pushed under the elevated foot rest, to prevent it from going down. Resident #9 was and unable to get out of the reclining chair without assistance.

At approximately 11:10 AM, staff A pushed the reclining chair back further in order to remove the stool from under the foot rest. At approximately 11:20 AM on , she stated that they use the stool so the resident is not able to get up.

An interview with resident #9 was attempted on at approximately 11:27 AM. The resident was and not able to complete an interview.

Review of resident #9's record revealed an Assisted Living Facility Health Assessment Form (1823) dated that included diagnoses of hip and knee replacement. The resident needed assistance with all of her activities of daily living except for eating, where she needed supervision.

On at approximately 2:15 PM, the administrative assistant stated they always use the stool to prevent the resident from getting up but did not realize it was a

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lakeview Manor Assisted Living Facility, Inc
5357 Brosche Road
Orlando, FL 32807

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 17, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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