STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968530	**08/11/2015**
NAME OF PROVIDER OR SUPPLIER **SHANGRI-LA III ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **808 GILLEN AVE NW PALM BAY, FL 32907**	

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

0000 Initial Comments

The re-licensure survey was conducted on . ./ .. Shangri-La III ALF LLC had deficiencies had deficiencies found at the time of the visit.

0007 Admissions - Criteria

Based on record review and interview the facility failed to take ensure the accuracy of the Health Assessment Form-AHCA 1823 for 1 of 3 sampled residents and admitted a resident (#4) who needed administration of medication.

Findings:

Resident record review for resident #3 revealed a health assessment AHCA form 1823 dated ./ . that listed diagnoses of , , , , , , high , .His cognition was documented as , able to follow commands but has to be re-directed often.

Personnel record review for staff #A, B and C revealed they were not a licensed nurses, therefore unable to administer medications.
In an interview with the administrator designee on at approximately 10 AM, who stated after reviewing the form the resident was able to assist with self-administration of medications.
Class III

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 1 of 3 sampled resident records had a completed health assessment that addressed all the required criteria and failed to ensure that an assessment was completed 30 days after admission to the facility (#2).
Findings:
Resident record review for resident #2 revealed he was admitted to the facility on / / . The review revealed a health assessment report AHCA form 1823 dated / / , more than 30 days after admission to the facility. Continued review revealed the assessment did not address the resident's needs regarding medications. That portion of the form was blank.
In an interview with the administrator designee on / / at approximately 1 PM, who stated after reviewing the form, that the missing information was overlooked and there was no other health assessment available.
Class III

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	AL11968530	08/11/2015
NAME OF PROVIDER OR SUPPLIER SHANGRI-LA III ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 808 GILLEN AVE NW PALM BAY, FL 32907	

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

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure 2 of 3 sampled resident records (#1 & 4) contained all the required documentation.
Findings:
Observations during the medication pass on at approximately 12 PM, noted that staff #A assisted resident #4 with self- administration of medications.
Resident record review for resident #4 revealed a health assessment report AHCA form 1823 was dated that indicated he needed medications administered. The review reveled and informed consent regarding assistance with self-administration of medications however the form did not indicate if the staff who provided such assistance would be or not be supervised by a nurse. The form was signed and dated .
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated that that indicated she needed medications administered. The review revealed and informed consent regarding assistance with self-administration of medications however the form did not indicate if the staff who provided such assistance would be or not supervised by a nurse. The form was signed and dated / / .
Personnel record review for staff #A, B and C revealed they were not a licensed nurses.
In an interview with the administrator designee at approximately 10 AM, who stated after reviewing the forms, that the forms were overlooked.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Shangri-La Iii Alf, LLC
808 Gillen Ave Nw
Palm Bay, FL 32907

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio,
Field Office Manager

LH/be
Enclosure

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