STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968532	08/05/2015
NAME OF PROVIDER OR SUPPLIER **ENGLAND'S PLACE, LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5520 BUCHANAN STREET** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 08, 2015 at England's Palace, Llc.The facility had deficiencies identified at time of the survey.

0010 Admissions - Continued Residency

Based on observation, interview and record review, it was determined the facility failed to follow the admission licensure standards and determine the appropriateness for continued residency, for one out of three sampled residents (Resident #1).
The Findings Included:
Observation on / at 8:10 AM, revealed that Resident #1 was seating on the living watching TV and had been fed his breakfast by Staff A at the time of survey. Observation on at 11:00 am, revealed that Resident #1 was seating on the couch watching TV and sliding to right; Staff A put a pillow next to Resident #1 to prevent him from sliding again. Further observations on at 2:25 pm, revealed that Resident #1 was still seating on a couch and had been fed by Staff B.
Record review of Resident #1's Health Assessment dated / documented that Resident #1 was precaution and diagnosed with , and . The form also documented the resident needed supervision with transferring and toileting and needs assistance and independent with eating. Further review of the health assessment revealed the resident needed assistance with self-administration of medication.
During an interview with Staff A on at 10:05 AM, it was revealed that "Resident #1 needed to be fed and transferred by two persons." Staff A stated, " He cannot stand up and/or walk." During an interview on / at 11:00 pm with Staff B , it was stated that, " Resident #1 needed to be transferred and fed; I heard that he is not the same since he came back from the hospital."
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to limit the use of physical to half-bed rails and to obtain a written physician's order for the use of the rails, for 1 out of 5 sampled resident's observed (Resident #2).
Findings included:
During the facility tour on / at 8:10 AM it was observed Resident #2 had full bed rails attached to his bed. Record review on revealed Resident #2 did not have any written physician's order for the use of full bed rails.
During an interview on / at 1:56 AM, Staffs A and B stated, " Resident #2 came to the facility with that bed. " They acknowledged that Resident #1 did not have a full bed rail order from a physician on

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SUMMARY STATEMENT OF DEFICIENCIES
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record.
Class III

0054 Medication - Records

Based on record review and interview, it was determined the facility staff failed to document the Medication Observation Record (MOR) immediately after a resident received assistance with his/her self-administered medications, for 1 out of 1 records observed.

Findings included:

Review of Resident #2's MOR dated : 2015 at 8:33 AM on revealed it was not signed for the following medications:

1) , - Benazeper 20 mg (8:00 AM)
2) Megestrol 40 mg (8:00 AM)
3) -Levo ER 5 mg (8:00 AM)
4) Cyanoco Balamin 1000 (8:00 AM)
5) Lotemax 0.5 % eye DR (8:00 AM)

During an interview with Staff B on / at 11:10 AM, she stated " Resident #2 had his medication at 8:00 am". Staff B stated, "I forget to sign. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
England's Place, Llc (The)
5520 Buchanan Street
Hollywood, FL 33021

RE: Standard Biennial Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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