STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**07/22/2015**
NAME OF PROVIDER OR SUPPLIER **EASTSIDE ACTIVE LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 TAFT STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced Chow of Ownership survey with a Limited Mental Health component was conducted on 7/21/15 through 7/22/15 at Eastside Active Living. The facility had licensure deficiencies identified at the time of the visit.

A licensure complaint investigation, CCR# 2015004016, was conducted in conjunction with this CHOW survey. See separate report for findings.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that the current Health Assessment form (AHCA form 1823) was accurate and completely filled out by the Health Care Provider, for 2 out of 2 records reviewed (Resident #7 and #16).

The Findings Include:

a) Record review conducted on revealed Resident #7's admission date of . Further review revealed an 1823 dated . The 1823 form lists diagnoses of Acute ( ), including a . The form 1823 documents that Resident #7 needs medication administration. The 1823 form documents that Resident #7 needs 24-hour nursing or are. Comments next to this documentation are noted as 'needs assistance with all Activities of Daily Living (ADLs).' Resident #7's nursing/treatment/ requirements are documented as daily personal care. Services offered or arranged by the facility for the resident in Section 3, page 5, is blank. The Medical Certification area on page 4 of the 1823 form documents an illegible signature. There is no printed name of the examiner, medical license number, address, telephone number, or title of the examiner.

b) Review of Resident #16's 1823 form dated revealed diagnoses of late effects from a Accident ( ), left , , and right side . The form 1823 documents Resident #16 requires medication administration.

During the entrance conference conducted on at 9:30 AM, the Administrator was asked to provide a current census. The Administrator had documented on the census that Resident #7 is receiving Hospice care. In an interview conducted on at 11:35 AM, a Hospice Registered Nurse (RN) confirmed that Resident #7 receives Hospice routine care. A family member confirmed on at 12:37 PM that Resident #7 receives Hospice care.

The Administrator stated on at 2:03 PM that Resident #7 and #16 do not require medication

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administration. She confirmed Resident #7 was on Hospice. The Administrator acknowledged that the 1823s for Resident #7 and #16 were incomplete and inaccurate.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interviews, the facility failed to ensure therapeutic diets were followed for 1 out of 1 residents (Resident #16).

The Findings Include:

During lunch observation conducted on / beginning at 12:02 PM, the Administrator was asked which residents are on pureed diets. She stated Resident #7 and #16 receive mechanical soft diets. The contracted chef confirmed that Resident #7 and #16 receive mechanical soft diets. The lunch menu observed for the day consisted of Picadillo (ground beef), rice, black beans, yucca, tomatoes (picco de gallo), and pears.

Record review of Resident #7's current health assessment (AHCA form 1823) dated revealed diagnoses of Acute , including . Resident #7's diet is noted as mechanical soft. Resident #16's 1823 documents diagnoses of late effects Accident ( ), left , , and right side . Her diet is documented as as pureed solids/honey thickened liquids. Further review revealed a physician's order dated / for a pureed diet with honey thickened liquids due to a diagnoses of .

Prior to lunch being served, the contracted chef was notified that Resident #16 requires a pureed diet. The plates were requested for observation and tasting. The chef provided two plates and stated both were pureed diets. Photos were taken of the plates. Small pieces of ground beef were observed on both plates. Particles of ground beef were tasted during sampling. The chef pointed to the sheet of paper that listed two pureed diets. When asked if she knew the difference between a mechanical soft and a pureed diet, she shrugged. She was asked again and did not understand the question. The Managing Director asked an employee who spoke Spanish to translate. The translator asked the chef, in Spanish, if she knew the difference between a mechanical and pureed diet. The chef, through translator, stated she uses a blender. The meal was sampled two more times and the beef particles were still present. By the third time, the beef was sampled and no particles were present as the chef blended the food again. The appearance was that of liquid consistency. The Managing Director stated he purchased the chef a blender. He stated the chef knows the difference between the two therapeutic diets. The chef approached this writer on / at approximately 2:30 PM and inquired if she could

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have a paper that notes what each diet requires. The Managing Director was informed of this query. The importance of providing the correct diet and ramifications (e.g., wallowing difficulties,) were discussed with the Managing Director. He stated he would retrain the contracted chef.

Class III

L241 LMH - Records

Based on record review and interview, the facility failed to ensure that 2 out of 2 residents (#12 an #13) reviewed for Limited Mental Health (LMH) services had a placement assessment provided after 30 days of admission from a mental healthcare provider. The facility failed to ensure that Community Support Living Plans for 2 out of 2 residents (#12 and #13) were completed. In addition, the facility failed to ensure an up-to-date admission and discharge log was on file for mental health residents.

The Findings Include:

1. Record review of Resident #12's chart revealed an admission date of / . Further review revealed an admission date of for Resident #13. No placement assessment by a mental health provider was found in either resident's charts. The Administrator stated on / at 1:15 PM that she did not know what the former Owners did regarding mental health placements. When asked if she was the Administrator during the period where the previous owners were present, she stated yes. The Administrator, stated she did not know placement assessments by a mental health provider needed to be completed 30 days after admission.
2. Review of Resident #12 and #13's charts revealed Community Living Support Plans and Agreements. The forms document the previous owner, Nova Palms, along with the Administrator's name. The forms are signed by the Case Manager. There are no signatures from the resident, Power of Attorney, or the Administrator. Attached to each of these forms is a Community Living Support Plan and , Agreement for both residents. The current Owners, Eastside Active Living, is noted on both forms with the Administrator's name. The forms are not completed, The case manager's signature was present on both Resident's forms. There is no signature from the resident, Power of Attorney, or the Administrator. The Administrator stated on / at 1:15 PM that a new agency has taken over duties since the new owners took over. The Administrator stated that a psychiatrist would be coming to see LMH residents within the next week.

3. An up-to-date Admission and Discharge log was requested for all LMH residents. The Administrator stated on / at 1:15 PM that she did not have a log. When asked if LMH residents are listed on the facility's Admission and Discharge Log, the Administrator stated yes, but are not designated as LMH.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Eastside Active Living
1600 Taft Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

XG90

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