

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910671	(X3) DATE SURVEY COMPLETED 12/15/2015
NAME OF PROVIDER OR SUPPLIER FORT LAUDERDALE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 SE 12TH COURT FORT LAUDERDALE, FL 33316	

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

0000 Initial Comments

An unannounced re-licensure survey with Limited Mental Health capacity was conducted on 12/14/2015 through 12/15/2015 at Fort Lauderdale Retirement Home. The facility had deficiencies at the time of the visit.

0093 Food Service - Dietary Standards

Based on interviews, observations and facility record review, the facility failed to implement a system/process to ensure that 5 out of 10 sampled residents who do not have direct kitchen access (Residents #1, #2, #3, #4 and #5) were offered snacks to ensure their dietary needs were met.

The findings include:

Observations on 12/15/2015 during a tour of the facility found a sign posted on the Administrator's door stating "snack time at PM". A facility record review of the menus found no documentation of snack items offered to residents.

On 12/15/2015 during a group activity, Resident # 1, #2, #3, #4, and # 5 stated they wished the facility would provide snacks at least once a day in the afternoon or after dinner. On 12/15/2015, Resident # 3 stated if he ask staff for snacks, staff tells him there are no snacks. On 12/15/2015, Resident # 2 stated the facility used to offer snacks in the past, but they stopped offering snacks because staff was complaining of the mess that residents left in their rooms after eating the snacks.

On 12/15/2015, in an interview with the ALF Manager she stated "Facility staff do not offer snacks because when they give the residents snacks, residents leave a mess in their rooms such as food particles and food wrappers all over the floor and under their beds and that is the reason they stopped giving snacks."

In an interview with the Administrator on 12/15/2015 at 12 PM, she acknowledged that the visible sign posted on her door that indicates snack time at 3 PM is not implemented. During the interview she confirmed that snacks are not offered to residents in the facility. At 12:30 PM, the Administrator acknowledged the findings and that snacks should be offered to residents who do not have kitchen access at least once per day.

Class III

L243 LMH - Training

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on interview and record review, it was determined the Assisted Living Facility with mental health residents in a Limited Mental Health Facility (LMH) did not ensure that 4 out of 4 staff members that provide direct care to LMH residents (Staff A, Staff B, Staff C, and the ALF Manager) received a minimum of 3 hours of continuing education biennially in the required topics (i.e. mental health diagnosis and mental health treatments)

The findings include:

During employee record reviews conducted on / at 10:30 AM, it revealed 3 hours of continued education in LMH training last completed on for Staff A and for Staff B, Staff C and the ALF Manager.

On at 10:35 AM in an interview with the Administrator, she acknowledged that there was no current documentation on file that reflects Staff A, Staff B, Staff C and the ALF Manager had received the required 3 hours LMH biennial training since 2012 and 2013. At 11 AM she confirmed that Staff A, Staff B, Staff C, and the ALF Manager need new training updates in Limited Mental Health.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Fort Lauderdale Retirement Home
401 SE 12th Court
Fort Lauderdale, FL 33316

RE: Relicensure Survey

Dear Administrator:

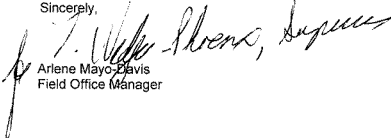
This letter reports the findings of a state Relicensure survey that was conducted on , 2015 by representatives of this office.

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 8, 2016.** 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
Enclosure
XG90

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