STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AM GRAND COURT LAKES, LLC	**280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179**

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

0000 Initial Comments

Complaint Survey (CCR#2015011376) Revisit was conducted on 01/27/2016 and concluded on . AM Grand Court Lakes, LLC had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have an accurate health assessment for one out of three (Resident #1) sampled residents.

Findings included:

Record review on / showed Resident #1's health assessment dated / / showed the resident is independent with his medications.

Medication observation records showed Resident #1 was receiving assistance with his medications.

Interview conducted / at 3:32 PM, Staff A, licensed practical nurse (LPN) stated "Resident #1 is receiving assistance with his medications at present."

Class III
Uncorrected

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to provide adequate supervision to meet the needs for one out of three (Resident #1) sampled residents.
Findings included:
Report showed "Miami Dade Fire Rescue responded to call for Resident #1. A staff member called 911 on / at 11:47 pm. When fire rescue arrived, the resident was unaware of how long he had been on the floor. The staff members reported to Fire Rescue they found the resident on the floor during routine cleaning, but did not know how long he had been on the floor. The resident's clothes were soiled with and feces. The staff reported to Fire Rescue the resident was independent and did not have any information on him. Captain also reports the resident's dirty and unkempt."

Review of the facility's Resident Handbook on / at 2:20 PM revealed "Housekeeping is scheduled on a weekly basis and available as needed. "

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R 02/12/2016
NAME OF PROVIDER OR SUPPLIER **AM GRAND COURT LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 SIERRA DRIVE** **NORTH MIAMI BEACH, FL 33179**	

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

Resident's #1 Health assessment completed on / / indicated that the resident was diagnosed with .

Progress notes documented that:
-On / resident was found on the floor in his apartment (living). He did not say how he when 911 was activated resident was transferred to the hospital.
-On / / the resident will be relocated to another apartment so his apartment can be thoroughly cleaned and renovated.

Hospital record review showed Resident #1 was admitted on / / . He had a mechanical due to loss of balance and he on the ground. He had no energy to get up, has been lying on the ground for 4 days.

Interview conducted / at 9:45 AM, Resident #1 stated "I felt on the floor and I was unable to reach my phone. I stayed on the floor for 4 days. No staff came to check me because at that time I was an independent resident. On the four day the staff and rescue came. I was transferred to the hospital. I do not remember how long I stayed at the hospital. I was admitted in the ALF when I returned from the hospital."

Interview conducted on / at 10:10 AM, Staff A, licensed practical nurse (LPN) stated "Resident #1 is independent. We do not assist him with anything. He has the rights to refuse to come in his . He was not on the floor for four days. The progress notes did not document that."

Interview conducted on / at 10:18 AM, Staff B, Business Manager stated "We closed the independent unit a year ago."

Interview conducted with Resident #1's grand-daughter on / at 1:13 PM, she stated "The facility contacted me. My grandfather told me that he was left on the floor for four days. I asked the facility staff why he was left on the floor for four days. No one called me back."

Interview conducted on / at 1:53 PM, Staff C, Housekeeping supervisor stated "Resident #1 refused that we clean his . He let us enter his but he looked at us all the time. He did not allow us to change his linens. He did not have too many furniture's. The dirty. I heard that he and he did not have idea for how long he was on the floor. We moved him to another he came from the hospital. He allows us to clean his and changes his linens at present. He is doing much better."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R
NAME OF PROVIDER OR SUPPLIER **AM GRAND COURT LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 SIERRA DRIVE** **NORTH MIAMI BEACH, FL 33179**	

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

Uncorrected

0160 Records - Facility

Based on record review and interview, the facility failed to have up to date admission and discharge log.
Findings included:
Record review revealed the Admission and Discharge log did not have Resident #6's name listed.
The Admission and Discharge log was reviewed by staff three times, Resident #6 was not found.
Interviewed Staff A, licensed practical nurse (LPN) on / at 11:30 am in regards to the admission and discharge log for being corrected with Resident#6's name. Staff A acknowledged the log did not have Resident #6 listed.
Class III
Uncorrected

0165 Risk Mgmt & QA: Adverse Incident Report

Based on observation, record review and interview, the facility failed to report an initial adverse incident report within one day after the incident and full adverse incident report within 15 days of the incident for one out of three (Resident #1) sampled residents.
Findings included:
Report showed "Miami Dade Fire Rescue responded to call for Resident #1. A staff member called 911 on / at 11:47 pm. When fire rescue arrived, the resident was unaware of how long he had been on the floor. The staff members reported to Fire Rescue they found the resident on the floor during routine cleaning, but did not know how long he had been on the floor. The resident's clothes were soiled with and feces. The staff reported to Fire Rescue the resident was independent and did not have any information on him. Captain also reports the resident's dirty and unkempt."
Hospital record review showed that the resident was admitted on / / . He had a mechanical due to loss of balance and he on the ground. He had no energy to get up, has been lying on the ground for 4 days.
Interview conducted / at 9:45 AM, Resident #1 stated "I felt on the floor and I was unable to reach my phone. I stayed on the floor for 4 days. No staff came to check me because at that time I was an independent resident. On the four day the staff and rescue came. I was transferred to the hospital. I do not remember how long I stayed at the hospital. I was admitted in the ALF when I returned from the hospital."
Interview conducted with Resident's #1 grand-daughter on / at 1:13 PM stated "The facility contacted me. My grandfather told me that he was left on the floor for four days. I asked the facility staff why he was left on the floor for four days. No one called me back."
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R **02/12/2016**
NAME OF PROVIDER OR SUPPLIER **AM GRAND COURT LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 SIERRA DRIVE** **NORTH MIAMI BEACH, FL 33179**	

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

Uncorrected

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11953671 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
AM GRAND COURT LAKES, LLC	280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) [signature]	DATE 2/16/15	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/5/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Am Grand Court Lakes, Llc
280 Sierra Drive
North Miami Beach, FL 33179

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by 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 17, 2016.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com