| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967431** | **02/24/2016** |
| NAME OF PROVIDER OR SUPPLIER **LENOX ON THE LAKE (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE **6700 WEST COMMERICAL BLVD LAUDERHILL, FL 33319** | |

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

**0000 Initial Comments**

A complaint investigation (CCR 2015012124) was conducted at Lenox on the Lake Assisted Living Assisted Living Facility on 2/23/2016 and . Lake Assisted Living Assisted Living Facility had deficiencies identified at the time of the investigation.

**0008 Admissions - Health Assessment**

Based on record review and interview, the Assisted Living Facility failed to ensure that 1 of 3 sampled residents (Resident #1) received a face to face medical examination by a health care provider within 60 days before admission to the facility.

The findings included:
A review of Resident #1 AHCA Health Assessment (AHCA Form 1823) revealed a completion date of / . No additional health assessments were located in Resident #1 ' s file. A review of Resident #1 ' s face sheet and the Assisted Living Facility Admission log revealed that Resident #1 was admitted to the facility on / .
On at 3:21 PM, an interview was conducted with the Administrator. The Administrator stated she was unaware of the greater than 60 day lapse.
Class III

**0030 Resident Care - Rights & Facility Procedures**

Based on observation, interview and record review, the Assisted Living Facility failed to ensure a resident's medical record was stored in a manner to promote resident right to privacy, for 2 out of 9 sampled residents files reviewed (Resident #7, Resident #10) .

The findings included:
On at 10:34 AM, a facility tour of the second floor revealed an unattended medication cart located in common area near the elevators, resident seating area and resident . A computer was observed on top of the medication cart, unlocked with the screen displaying the Medication Observation Record (MOR) for Resident #10. Physician orders for Resident #7 were observed on top of the medication cart revealing Resident #7 ' s ordered medications and personal information. (Photos Obtained)

On at 10:34 AM, an interview was conducted with the Memory Care Unit Director (MCU Director) who stated that the orders and MOR should not be there. The MCU Director stated she did not know who the medication cart belonged to and called over her walkie-talkie asking staff whose

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medication cart was on the second floor of the Assisted Living Unit. A staff responded and the MCU Director asked the staff to come to the second floor.

On at 10:37 AM, an interview was conducted with Staff #1. Staff #1 stated she was on the 4th floor of the Assisted Living Unit. Staff #1 stated she took the physician orders for Resident #7 out that morning and forgot to put them back. The MCU Director interjected and told Staff 1 that she needed to " make sure that your stiff is not displayed " and told Staff #1 that she needed to remove the MOR from the top of the medication cart.

A review of the electronic MOR for Resident #10 revealed that Staff #1 gave the medication at 10:25 AM on .

Class III

**0054 Medication - Records**

Based on record review and interview, the Assisted Living Facility failed to ensure medication observation records (MOR) for 2 of 9 sampled residents (Resident #1, Resident #3) were immediately updated each time a medication was offered or administered.

The findings included:
a) A record review of Resident #1 ' s / and MOR revealed no signature that the medication was given or explanation for why the medication was not given for the following medications and dates:
1. 25 MG Tablet ordered " take one (1) tablet by mouth daily " for / / , / and / / .
2. 0.5% eye drops ordered " instill (1) drop into both eyes twice daily for / , / , / and / .
3. .500 MG Tablet ordered " take one (1) tablet by mouth three times a day " for / and - 8A, 12P and 4P doses. / - 4P dose, / - 8A, 12P and 4P doses and / - 8A and 12P doses.
A record review of Resident #1 ' s AHCA Health Assessment (AHCA Form 1823) dated / revealed the resident is diagnosed with ' s/ and needed help with taking his medications.
b) A record review of Resident #3 ' s / and / MOR revealed no signature that the medication was given or explanation for why the medication was not given for the following medications and dates:
1. 20 mg tablet ordered " take 1 tablet by mouth at bedtime " for / .
2. 10 MG tablet ordered " take 1 tablet by mouth daily " for / through / / . (11

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SUMMARY STATEMENT OF DEFICIENCIES
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consecutive days).
3. Tradjenta 5 MG tablet ordered " take 1 tablet by mouth daily " for 11/22/15 through 11/30/15 (9 consecutive days).
4. 250 MG tab ordered " take 1 tablet by mouth twice daily for 5 days " for 8A and 4P doses (5th day).
A record review of Resident #3 ' s AHCA Health Assessment (Form 1823) dated revealed that Resident #3 needs assistance with self-administration of medications.
On at 3:15 PM, an interview was conducted with the Director of Nursing (DON) regarding the blanks in the MORs of Resident #1 and Resident #3. The DON stated there may have been a system error and the computer did not register the medication as given. The DON stated she would have to confirm with the electronic MOR technical department to determine if the medications were given or not.

Class III

**0078 Staffing Standards - Staff**

Based on record review and interview, the Assisted Living Facility failed to ensure that 5 of 5 sampled employees (Employee A, B, C, D, E) submitted a statement from a health care provider that the employee is free from communicable within 30 days of employment and annual documentation that the employee is free from
The findings included:

a) On a review of Employee A personnel file revealed a freedom from statement dated . No updated freedom from statement was located in Employee A ' s file.
b) On a review of Employee B personnel file revealed no statement that Employee B was free from .
c) On a review of Employee C personnel file revealed that Employee C was hired on . No statement that Employee C was free from communicable and was located in the file.
d) On a review of Employee D personnel file revealed a freedom from statement dated . No update freedom from statement was located in Employee D ' s file.
e) On a review of Employee E personnel file revealed a freedom from statement dated . No updated freedom from statement was located in Employee E ' s file.
On at 3:21 PM, an interview was conducted with the Administrator. The Administrator stated she simply did not have an explanation for communicable and status for the employees and stated that she could not locate the most recent health statements for the reviewed employees.

Class III

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**0081 Training - Staff In-Service**

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 5 sampled employees (Employee D) received training on Resident Rights in an Assisted Living Facility and Recognizing and Reporting , Neglect and .

The findings included:
A review of Employee D personnel file revealed no evidence that Employee D received training on Resident Rights in an Assisted Living Facility and Recognizing and Reporting , Neglect and .

On at 3:21 PM an interview was conducted with the Administrator. The Administrator stated she could not locate the training agendas or certificates for Employee D.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lenox On The Lake (The)
6700 West Commerical Blvd
Lauderhill, FL 33319

**RE: CCR #2015012194**

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2016 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 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 18, 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 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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