STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967718	**02/16/2016**
NAME OF PROVIDER OR SUPPLIER **LEISURE LIVING OF VICTORIA PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 NE 5TH STREET FORT LAUDERDALE, FL 33301**	

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

0000 Initial Comments

An unannounced Standard Biennial Survey was conducted on 16, 2016 at Leisure Living of Victoria Park. The facility had a deficiency identified at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview, it was determined the facility failed to maintain an updated written record of a significant change that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services, for 1 out of 3 sampled residents' records reviewed (Resident#1).

Findings Included:

During a tour of the facility on , 2016 at 9:40 AM, Staff A stated, " # is Residents #1 ; he is currently hospitalized due to liquid in his lungs". She was unable to provide the date the resident was transferred and/or admitted to the hospital.

Review of Resident #1's file revealed an admissions date of , 2014. Resident #1's Health Assessment (AHCA form 1823) dated , , 2015 documented diagnosis as , , , and . The assessment revealed the resident required assistance and/or supervision with all Activities of Daily Living (ADLs). Further review of Resident #1's file revealed no written record of the resident's current hospitalization including date of transfer and reasons/circumstances for admission.

During an interview with the Administrator on , 2016 at 10:57 AM, it was revealed that Resident #1 is hospitalized because of fluid in his lungs, he has seen the doctor a couple of times for this; he had been to a appointment with his daughter. According to the Administrator, when he came back to the facility he was coughing, we called the doctor as the was not getting any better and he recommended Resident #1 be taken to the hospital. We notified his daughter and she took him to the hospital and he was hospitalized, he is still in the hospital. The Administrator confirmed that the facility had no written record of aforementioned regarding Resident #1 and stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Leisure Living Of Victoria Park
1700 Ne 5th Street
Fort Lauderdale, FL 33301

Dear Administrator:

This letter reports the findings of a State Relicensure 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 , 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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