STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	**03/15/2016**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced Relicensure survey with Limited Mental Health was conducted on 03/14/2016 & 03/15/2016 at Lincoln Manor. The facility had deficiencies at the time of the visit.

0054 Medication - Records

Based on medication record review and staff interview, the facility failed to ensure accurate medication observation records (MORs) are being maintained, for 3 of 5 residents whose MORs were reviewed (Resident #15, #19 and #21).

The findings include:

1) On at 8:50 AM, assistance with self-administration of medication was observed for Resident #15. A review of Resident #15's MOR showed Med Tech had initialed 1% cream, which was to be applied to right arm twice a day (7 AM and 7 PM), as given on at 7 AM. When asked on at 9:16 AM, when the Med Tech had provided the cream to the resident, the Med Tech stated the resident asked to be given the cream after breakfast, so she was going to take it to her now. She stated she initialed the medication because she was going to give it, but resident refused it at the time. She didn't circle her initials or make note of the refusal because it was going to be given after breakfast.

2) During review of the medication observation record for Resident #19, it was noted there were no staff initials indicating medication was provided on the following dates and times:

a) for 5 PM and 7 PM doses of ( ) 200 mg;
b) for 7 PM dose of 2 mg;
c) through for 7 PM doses of 30 mg; and
d) for 7 PM dose of 20 mg, 1/2 tab.

There were no additional comments on the back of MOR to explain why these medications were not provided.

3) On at 9:30 AM, during review of the medication observation record for Resident #21, it was noted there were staff initials indicating the 7 PM dose of for had already been provide to the resident.

4) Morning medications being provided to Residents #15, #17 #19 and #20 on / / from 8:40 AM - 9:00 AM were noted in the Medication Observation Record to be given at 7 AM.

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During interview with Administrator on 3/14/16 at 1:45 PM, she confirmed the MOR should be initialed by the Med Techs when medication is provided, and if not provided, an explanation as to why the medication was not provided. She did not have an explanation as to why medication would be initialed as given before the medication was due.
Upon entrance on / , the Administrator provided hand written documentation that medication times were as follows: 7 AM, 12 Noon, 3 PM, and 7 PM.

Class III

0151 Physical Plant - Existing Facilities

Based on observation and interviews it was determined the facility did not comply with the ALF building code 434.3.5.3, specifically related to grab bars in the shower for 1 of 2 residents interviewed that reside in the "house" (Resident #7).

The Findings included:

During interview with Resident #7, conducted on beginning at approximately 12:45 PM, he stated that he lives in the "house", however, he does not shower over there because he does not feel safe because there are no grab bars in the shower. He stated he showers in the main building because they have grab bars in the shower area.

During observational tour of the "house" portion of this licensed facility conducted with the Administrator on / beginning at approximately 9:30 AM, she acknowledged that there was no grab bars installed in the shower of this is utilized by the residents of this house. She stated that the residents of this house are fairly independent and that she was not aware the building code required grab bars. (Photograph obtained of the shower stall without grab bars).

Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review it was determined the facility failed to conduct a background screening for an individual for whom the last screening was conducted on (therefore another

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level 2 background screening was due by /) for 1 of 4 sampled employee files reviewed (Staff B).

The Findings included:

During personnel record review and interview conducted with the Administrator on beginning at approximately 10:25 AM, she acknowledged that the last level 2 background screening for Staff B (a med tech with a date of hire noted as) was conducted on . The Administrator stated she was not aware that this employee needed to have another level 2 background screening conducted by / per the required rescreening schedule (f.s. 435. 03 or 435.04).

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lincoln Manor
2144 Lincoln Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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/jw

XG90

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