STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R 04/06/2016

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 04/06/2016. 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 two out of three (Resident # 8 and 9) sampled residents.

Findings included:
Record review on to Resident ' s 9 health assessment (AHCA ' s 1823 Form) dated on / stated, " Resident needs assistance with self-administration of medication, and she had a diagnosis of Old ( ), ( ), and H/O at FIB ( ) / h/o ( ) and ."
Record review on to Resident #9 ' s observation log stated:
" Resident returned to facility clean dry also observed to L lower extremely. "
" Call placed Husband to consider Hospice Care as resident is declining. Husband agrees. "
" [ ] Hospice service into facility. Resident on service as of today Husb. Signed all documents. "
Further record review on to Resident #9 ' s record revealed no Hospice certification/evaluation/doctor order in the facility at the time of survey.
Interview on / at 11:00 a.m. to Staff B stated, " Resident #9's health declined, and she is under hospice care now. However, there are no documentations regarding her hospice admission because the hospice have all the records electronically; therefore, they do not live the documents in the facility."
Record review on to Resident #8 ' s Form 1823 stated, " The resident required 24-hours nursing or care. "
Interview at 1:30 p.m. to Staffs A and B stated, " Even though this 1823 is more recently; it was done for the hospital (dated on), they always send a health assessment with the resident, the facility ' s 1823 indicates that she does not need 24 hour supervision."

Uncorrected deficiency

0160 Records - Facility

Based on record review and interview the facility failed to have an update Admission/Discharge log.

Findings included:

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Record review on revealed Admission/Discharge log was not updated. Facility ' s Admission/Discharge log reflected 96 residents living in the facility.

Record review on revealed facility residents ' names and reflects 136 residents from floors A-D.

Interview on at 9:30 a.m. revealed Administrator confirmed that the facility census was 136 residents at the time of the survey.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have hospice information for one out of three sampled residents.
Findings included:
Record review on to Resident #9's observation log states that she was under hospice care. Further record review revealed that there was no information regarding hospice evaluation and/or certification.
Interview on at 1:00 p.m. to Staff B stated, " Resident #9's health declined and she is under hospice care. However, there are no documentations regarding her hospice admission because the hospice have all the records electronically; therefore, they do not live the documents in the facility."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2015011376

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMB/sb
Enclosure
XG90

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