STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968629	04/25/2016
NAME OF PROVIDER OR SUPPLIER **LA BELLE LA VIE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3973 LUBEC AVENUE** **NORTH PORT, FL 34287**	

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

0000 Initial Comments

An unannounced biennial survey was conducted on at La Belle La Vie, an assisted living facility in North Port, Florida.

The following is description of deficiencies:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a complete health assessment (AHCA Form 1823) for 1 (Resident #1) out of 2 resident's sampled.

The findings included:

1. Record review of Resident#1's Health Assessment AHCA Form 1823, dated / / revealed missing items such as nursing or items required by the resident and the physical and mental status of the resident including identification of health related problems and functional limitations. Also missing from health assessment was a notation by the health care provider on whether the resident requires 24 hour nursing care.

2. On at 4:15 p.m., Staff A reported she was not aware the information was missing.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to ensure the medication label matched the Medication Observation Record (MOR) for 1 (Resident #2) out of 2 resident's sampled.

The findings included:

1. During medication observation on , the medication label for Resident #2 read: " 25/ 100 mg, take 1 tablet by mouth 4 times a day for Parkinson's ."

The (MOR) Medication Observation Record showed: " 25 100 mg, take 1 tablet by mouth a day for Parkinson's ."

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2. Record review of the health care provider order, dated / , stated: " . 25 , . 100 mg, take 1 tablet 4 times a day for Parkinson's ."

3. On at 1:00 p.m., Staff A reported she was not aware the (MOR) was incorrect.

Class III

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0078 Staffing Standards - Staff

Based on observation, record review, and interview, the facility failed to have a freedom from communicable statement for 3 (Administrator and Staff B and C) of 4 staff records reviewed; and failed to have the annual statement for 2 (Administrator and Staff A) of 4 staff records reviewed.

The findings included:

1. Record review revealed the administrator was hired on . Staff A was hired as a Certified Nurse Assistant and med tech on / . Staff B was hired as a med tech and resident assistant. There was no date of hire in the record. Staff C was hired as a resident assistant. The application was dated , yet the file lacked a date of hire in the record.

Further review of the files for the Administrator, Staff B and Staff C revealed no freedom from communicable statement. Record review of the Administrator and Staff A's files revealed no annual statement since , 2014.

2. On at 4:00 p.m., Staff A reported she was not aware the information was missing.

On / at 12:50 p.m., Staff B reported she has been working at the facility for 1 month.

Class III

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0081 Training - Staff In-Service

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Based on record review and interview, the facility failed to have required training for 3 (Staff A, B, and C) out of 4 staff records reviewed.

The findings included:

1. Record review revealed Staff A was hired as a Certified Nurse Assistant and med tech on / / . Staff B was hired as a med tech and resident assistant. There was no date of hire in the record. Staff C was hired as a resident assistant. The application was dated / , yet the file lacked a date of hire in the record.

Record review for Staff A, B, C revealed no elopement response training or emergency preparedness training. Staff A and B had no incident report training. Staff C had no nutrition and safe food handling training. Staff B had no training in control, Activities of Daily Living training, resident rights, recognizing , Neglect and and Nutritional and Safe Food Handling.

2. On / at 4:10 p.m., Staff A reported she was not aware training was missing.

On at 12:50 p.m., Staff B reported she has been working at the facility for 1 month.

Class III

0082 Training - / /

Based on record review, and interview, the facility failed to have required training for 2 (Administrator and Staff B) of 4 records reviewed.

The findings include:

1. Record review revealed the administrator was hired on . Staff B was hired as a med tech and resident assistant. There was no date of hire in the record. Further Record review for the Administrator and Staff B revealed no training.

2. On at 4:10 p.m., Staff A reported she was not aware training was missing.

On / at 12:50 p.m., Staff B reported she has been working at the facility for 1 month.

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Class III

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0090 Trainina -

Based on record review, and interview, the facility failed to have ( ) policy and procedure training for 3 (Staff A, B, and C) of 4 records reviewed.

The findings included:

1. Record review revealed Staff A was hired as a Certified Nurse Assistant and med tech on . / . . Staff B was hired as a med tech and resident assistant. There was no date of hire in the record. Staff C was hired as a resident assistant. The application was dated / , yet the file lacked a date of hire in the record.

Further record review for Staff A, B, and C revealed no policy and procedure training.

2. On at 4:18 p.m., Staff A reported she was not aware trainings were not done.

On at 12:50 p.m., Staff B reported she has been working at the facility for 1 month.

Class III

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0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to follow therapeutic diet as ordered by the health care provider for 1 (Resident #2) of 2 resident's sampled.

The findings included:

1. Observation of lunch meal on revealed Resident #2 was not receiving nectar thick liquids as ordered.

2. Record review of Resident #2's Health Assessment (AHCA Form 1823) revealed a health care

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provider order dated .. /. . for: "mechanical soft diet with nectar liquids."

3. On at 1:00 p.m., Staff A reported she thought the order had changed.

Class III

0162 Records - Resident

Based on record review, and interview, the facility failed to have a complete demographic sheet for 1 (Resident #1) of 2 records reviewed.

The findings included:

1. Record review of Resident #1 revealed no demographic sheet listing resident name, , date of birth, place of birth, social security number, medicaid or medicare number or name of other insurance . Name, address and telephone number of next of kin, legal representation or individual designated by the resident for notification in case of emergency and name, address and telephone number of resident's health care provider and case manager if applicable.

2. On / at 4:12 p.m., Staff A reported she was not aware document was missing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Belle La Vie, LLC
3973 Lubec Avenue
North Port, FL 34287

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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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