STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964730	06/09/2016
NAME OF PROVIDER OR SUPPLIER **MAJESTIC MEMORY CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 ARTHUR STREET HOLLYWOOD, FL 33019**	

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

0000 Initial Comments

A licensure complaint survey, CCR #2016003530 was conducted on 6-9-16 at Majestic Memory Care Center (license#9201). The facility had no deficiencies identified at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have completed resident health assessments, for 2 out of 5 sampled residents (Residents #3 and #5.)

The findings are:

Review of Resident #3 ' s health assessment dated on - indicated that she was diagnosed with and . This health assessment indicated that the resident required physical and occupational evaluations and treatments, and also required supervision with her activities of daily living, including ambulation and transfers. Further review of this health assessment indicated that there were no comments to explain the extent and type of activities of daily living supervision the resident needed to receive from the facility staff.

Review of Resident #5's health assessment dated on - indicated that he was diagnosed with and . Review of this assessment indicated that the resident needed hospice services and he also required assistance with ambulation, bathing, dressing, and toileting. Further review of this health assessment indicated that there were no comments to explain the extent and type of activities of daily living assistance the resident must receive.

In an interview with the DON on - at 3:15pm, she stated that she was not aware that the facility was required to ensure that the residents' health assessment were complete and that must include the physician's comments to explain the extent and type of activities of daily living assistance the resident must receive in the facility.

Class III

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to adequately supervise the

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SUMMARY STATEMENT OF DEFICIENCIES
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activities of daily living care and failed to arrange physical and occupation services, for 1 out of 5 sampled residents (Resident #3).

The findings include:

In an observation of Resident #3 on 6-9-16 at 2:05pm, she was walking independently in the facility courtyard and transferred from standing to sitting on a bench. During this observation, there were no staff members supervising the resident ' s activities of daily living. In an interview with the resident at this time, she stated that she was used to being physically independent because the direct care staff did not actively supervise her.

Review of Resident #3's health assessment dated on - - indicated that she was diagnosed with , , , , , and . This health assessment indicated that the resident required physical and occupational evaluations and treatments, and the resident required supervision with her activities of daily living, including ambulation and transfers.

In an interview with the staff nurse on - at 2:20pm, she stated that Resident #3 did not receive any physical or occupational since she was assessed by the physician on - - . She stated that she was not aware that the physician required that the resident receive services.

In an interview with the Director of Nursing on - at 2:30pm, she stated that Resident #3 ambulated and transferred independently because she felt that the resident was able to perform those tasks independently. She stated that she did not take into consideration the physician ' s activities of daily living evaluation contained in the resident ' s health assessment dated on - - and that she did not consult with the physician to discuss the resident ' s level of activities of daily living supervision. She stated that the resident did not receive any physical or occupational since she was assessed by the physician on - - .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Majestic Memory Care Center
1200 Arthur Street
Hollywood, FL 33019

RE: CCR #2016003530

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 , 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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