STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R 08/04/2016
NAME OF PROVIDER OR SUPPLIER **AM GRAND COURT LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 SIERRA DRIVE** **NORTH MIAMI BEACH, FL 33179**	

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

0000 Initial Comments

A Complaint (CCR#2016005121) revisit Survey was conducted on , 2016 at AM Grand court Lakes, LLC (License #8390). Deficiencies were identified at time of the survey:

0010 Admissions - Continued Residencv

Based on record review facility failed to have a complete health assessment (AHCA form 1823) for one of thirteen sampled Residents (#2).

Findings included:

Record review revealed that Resident (#2) was admitted on - . Pages number (2 and 3) were not completed on the health assessment for the Activities of daily living(ADLs) or special diet instructions. Section (D), indicating whether the resident can receive services in the Assisted Living Facility, which is not a medical, nursing or facility, was not marked yes or no. Page (3) section for the ability to perform self-care tasks and (B) general oversite and section (C) for additional comments/observations were not completed.

Interviewed on at approximately 2:00pm, the Administrator stated that staff had forgotten to complete the form.

UNCORRECTED Class III

0025 Resident Care - Supervision

Based on observation and interview, the facility failed to provide adequate supervision to meet the needs of four out of seven (# 1, 2, 3, 4) sampled residents.

Findings included:

On at 6:00 AM at the time of entrance, the Security Guard stated there were 131 residents in the facility and 6 night staff working the 11PM - 7AM shift.

Record review of staff schedule revealed a total of seven staff scheduled for the 11:00-7:00 AM shift.

On , at 6:40 AM observed #B had bad odor in , Resident #7 in bed had 1/2

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bed rails placed, resident was sitting in bed naked in soiled bed. The Staff B said "She keeps on taking her clothes and diapers off, and I am going to change her when I am finished with you.

On at 9:38 AM Resident #2 said, "I get up and go to the staff. The phones in the are cut off or they turn them all off, but I have my own phone." I keep a jar by my bed, but if I wet the bed at night I have to sleep like that all night."

On at 9:53 AM Resident #1 said, "If I have a or something, I will not get help at night. I can call them from my phone, but they take so long to help. I do not have a phone in my . I can change my briefs on my own, but if I need help at night, I would not get any help."

On at 10:23 AM Resident #3 said, "No, there is no phone in the , if something happens they will not know, I told them I need a phone. They do not come in my the night."

On at 10:26 AM Resident #4 said, "There is no one to help from 8:00 AM to 8:00 PM, no there is no phone in the , if something happened during this time there would not be anybody to help. They are understaffed."

Uncorrected Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure that 10 of 30 sampled residents (#1,3,4,5,8,9,10,11, 13 and 14) were treated with dignity and respect. Eight of 10 sampled residents (#1,3,4,5,8,9,10,11) used adult briefs and did not receive staff assistance during night shifts to changed them when soiled, as needed. The facility also failed to provide documentation of a signed consent for the use of half bed rail for two out of eighteen (#13 & 14) sampled residents.

Findings included:

On / at 4:00 PM complainant Resident #8 was contacted, and she was very upset about the treatment that this facility gave her during the short time that she was living in this ALF. To begin with she stated: " I did not like the place, it did not look very clean at all " . She stated that she was discharge to the hospital on with false information that she was having some issues going to the some in her stool and she had waited a very long time for the caregivers to come and assist her. When she was discharge from the hospital to the facility on , they did not accept her back anymore, and she had to find other place to stay. The facility never gave a refund to the residents.

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On at 7:18 AM during an interview with Staff B stated: The residents do not have a way to call me in their night but we usually do the rounds at least once every two hours. Usually during my rounds I check the residents if they need to have their briefs change, and I change it, sometimes during my shift I change them at least twice.

On at 8:52 AM during an interview with Resident #1 stated; I feel like at home in this place. My needs help changing her briefs, and the care giver comes to the now and then to change her briefs, not very often I must say.

On at 9:38 AM during an interview, Resident #10 stated "I get up and go to the staff." The phones in the are cut off or they turn them all off, but I have my own phone." I keep jar by my bed, but if I wet the bed at night I have to sleep like that all night.

On at 9:45 AM during an interview with Resident # 3 stated; I can do a lot of things in this place like coming to the dining and watch television, or stay in my sit in the patio or talk to the other resident. My daughter comes to see me at least twice a month and they take me out. Yes, they assist me when I take a shower and I get dress, the rest I can manage to do it by myself. I wear briefs, the care givers change them for me, minimum four times a day. At night if I make them dirty I call them and they change them for me. To call them at night is very difficult because they do not have a system set for me to call them, I just need to wait for the caregiver to come to my then ask her to change it.

On / at 9:50 AM during an interview Resident #4 stated: "Yes, I wear briefs, and the CNA ' s are the one who change them for me. They will change them whenever I need them to be change, and I would tell them to change them, otherwise they do not ask me if I need to have them change. At night I have to stay with the briefs all night because I do not wet myself, or I have to wait for the caregiver to come to my change them."

On at 9:53 AM during an interview with Resident #9 stated: "I have a or something, I will get help at night, I can call them from the phone, but they take so long to help. I do not have a phone in my . I can change my briefs on my own, but if I need help at night I would not get any help."

On / at 10:00 AM during an interview, Resident #5 stated: "Yes I wear pull ups just as a precaution but up to now I do not wet them because I can go to the . At night they check on me three times, they say that they check on us every two hours but I think is longer. It is very difficult for me to contact the CNA at night, I have to wait for them to come to my ask for help if I need it."

On at 10:23 AM during an interview, Resident #11 stated: "If I need help at night with my

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briefs, I have to do it myself, there is no phone in the .

On at 10:55 AM during an interview with Staff C, Med-Tech stated; When I have worked from 3:00 PM to 11:00 PM, we are supposed to do a 2 hours round, and we will make sure that if the resident needs some kind of help and we will provide it. We have a log for that. Each building have their own rounds log."

During tour of the facility on at 8:30 AM observed half bed rails attached to the bed in Resident #13 & Resident #14.

Record review of Resident #13 and 14's files showed no documentation of a signed half bed rail consent available for review.

On at 10:20 AM with the Administrator stated, " I'm not going to lie. We don ' t have it. "

UNCORRECTED Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a clean and safe living environment for the safety of the 131 elderly reisdents living at the facilty.
Findings included:
On / at 8:30 am during tour of building (D) in the female Resident the lower section of the building observed a single ceiling tile was wet and buckling (photo taken).
On / at 8:31 am, obsevation of the male the first floor showed a metal door panel had the left end of the metal sheet peeled away from the door, presenting a danger to anyone entering the a wheelchair or on foot. (photo taken).
On at 8:31 am, observation on the upper floor a resident , on the ceiling on the left hand corner showed an area of peeling plater and paint and paint chips on the floor (photo taken), In the same a section of the wall with a crack on the wall of peeling plaster and paint (photo taken).
On at 8:33 pm observation during evening tour in resident peeling and cranked paint and plaster between the window and the air condition unit. (photo taken). In the same , observed in the resident two areas under the having bubbled up plaster on both sides of the wall (photo taken).
Interviewed on at 2:00 PM, the Administrator confirmed the findings in regards that the facility is being renovated and many things are still being finished.

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Uncorrected Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to complete an Adverse Incident Report regarding the elopement of two of 13 sampled resident (Residents #14 & 15).
Findings included:
Reviewed the facility incident log and the incident report database. No adverse incidents reports were completed regarding the residents' elopments.
Interviewed Administrator on at 2:00 PM, she confirmed that the facility failed to file an adverse incident report regarding to these two Residents (#s14 and 15).

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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