STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	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 Standard Biennial Survey was conducted , 2016 to , 2016. AM Grand Court Lakes License # 8390 had the following deficiencies identified at time of the survey:

0079 Staffing Standards - Levels

Based on observation and interview, the facility failed to ensure minimum staffing to provide resident supervision, and to provide or arrange for resident services in a ccordance with residents' scheduled and unscheduled service needs, for 131 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 11 PM - 7 AM shift.

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

During interviews conducted on between 6:00 am and 3:00 pm, 10 Residents (#1,3,4,5,7,8,9,10,11) acknowledged they get no assistance during overnight hours, including needed assitance with changing adult briefs or attending to other toileting needs. Residents further stated that they have no way of contacting staff during an emergency.

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to provide documentation ensuring that one out of eight sampled Staff (#B) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review on of personnel files found that Staff B (hired) did not have the in-service trainings in:

1. the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.

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2. Resident rights in an assisted living facility.
3. Recognizing and reporting resident , neglect, and .
4. Reporting major incidents.
5. Reporting adverse incidents.
6. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Interviewed on at 3:15 PM, the Administrator acknowledged that Staff B did not have the trainings.

Class III

0160 Records - Facilitv

Based on record review and interview the facility to have an up-to-date admission and discharge log.

Findings included:

A review of the admission and discharge log showed that the facility had 80 residents listed. The facility's census on the day of the survey was 131 residents. Fifty one of the residents were not listed on the log. A tour and review of the on confirmed the facility had 131 resident in the facility.

Interviewed on at 11:00 AM, the Administrator acknowledged that the admission and discharge was not up to date.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to provide documentation of the employment application with references and a job description for eight out of eight (#A, B, C, D, E, F, G, H) sampled staff.

Findings included:

Record review of the facility employee records on found Staff A, C, H, and F did not have the an application on file. Record review of the facility employee records on found Staff B, D, E, F and

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G did not have any reference on file. Record review of the facility employee records on found Staff C, D, E and F did not have the a job description in file.

Interviewed on at 3:15 PM, the Administrator acknowledged the findings and stated she would correct the files.

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 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

AMD/sb
Enclosure
XG90

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