STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	08/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH LAKE RETIREMENT HOME	**1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 08/08/2016 and 08/09/2016 at North Lake Retirement Home (License #7395). The facility had deficiencies at the time of the visit.

The above Relicensure survey was conducted in conjunction with complaint survey CCR #2016005308 and CCR #2016007440.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interview, it was determined the facility failed to ensure all residents were treated with dignity and respect.

The findings include;

On at 09:44 AM, an observation conducted in the activities that the Activities Director was observed serving animal crackers. Further observation revealed the Activities Director was serving the crackers directly on the bare table to 29 of 29 Residents observed participating in the group activity program during snack time.

On at 02:53 PM, an interview conducted with the facility Administrator who confirmed that this was an control issue. He confirmed that this was an unsanitary practice.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to follow the regulatory guidelines and procedures while providing assistance with self-administration of medications to residents, for 6 out of 6 sampled residents observed (Resident #14, 15, 16, 17, 18, and 19).

The findings include:

On from 11:40 PM to 12:36 PM, during medication pass observation it was noted that the employees who performed the task, Employee A and B (both unlicensed staff), failed to follow the process of assisting residents with self-administration of their medications.

At 12:05 PM on , Staff A was observed looking into the Medication Observation Records (MORs)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	08/09/2016
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**	

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

for Resident #14. She then handed the cut out bubble pack containing the resident's pill to Staff B, who then opened it up and placed it into the resident's hand. The resident took it and swallowed it with a cup of water. Soon after Staff A signed the MOR. However, it was observed that Staff B did not inform the resident what medication, she was taking and neither did Staff A advise Staff B to do so.

Further observations from 12:10 PM to 12:37 PM on , Staff A and Staff B repeated the same aforementioned process for Resident #15, 16, 17, 18, and 19. Staff A gave the medications to Staff B who then gave them to the Resident(s) without telling and/or /identifying the medicaitons and what they were for .

During an interview with Staff B and Staff A on at 12:39 PM, they were questioned about the process of assisting residents with self-administration of medications and they confirmed that they did not inform the residents about the medications they were given.

During an interview with Residents #17 and #18 at 12:40 PM, they confirmed neither Staff A nor Staff B identified the medications or the purpose for the medications they were given.

Class III

0055 Medication - Storage and Disposal

Based on observation and interviews, the facility failed to appropriately and timely dispose of expired medications belonging to 8 of 18 sampled residents (Residents #21, 22, 23, 24, 25, 26, 27, and 28) and 2 out of 2 residents who no longer resided at the facility (Resident #29 and 30) .

The findings included:

During the review of the Medication Storage on at approximately 12:40 PM, it was observed that many randomly selected medication packages were expired and belonged to residents that were either living in the facility or discharged from the facility.

For the residents living in the facility the following medications were expired:
a) 50 mg expired since / (for Resident #21).
b) 0.5 mg discontinued and expired since / (for Resident # 22)
c) 0.5 mg ordered / was expired (for Resident #23).
d) Theodur-Gener 100 mg ordered on / was expired (for Resident #24).
e) 0.5 mg dated / was discontinued as of (for Resident #25)
f) Hydroxyl/Ataraxic 25 mg dated was expired (for Resident #26).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	08/09/2016
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**	

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

g) 25 mg ordered 5/9/14 was expired (for Resident #27).
h) Dicyclo/Butyl 0 mg ordered 1/8/15 was expired (for Resident #28).
i) 4 mg in the facility belonged to Resident #29 discharged from the facility on .
j) 100 Mg soft gel that belonged to Resident #30 discharged from the facility on / .

During an interview with Staff A on at approximately 12:50 PM, she was asked why she kept Resident's #30 medications, she stated that "I did because is a very common medication. If I need it, I could use it for another resident"

During an interview with the Administrator on at 2:20 PM, he affirmed that these findings presented a serious problem and that he would have it fixed immediately.

Class III

0081 Training - Staff In-Service

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 3 sampled staff records reviewed (Staff B).

The findings include:

On a record review of Staff B's personnel record revealed her date of hire was / . Further review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training: Activities of Daily Living and Behavioral Needs Training.

In an interview with the Administrator on at approximately 2 PM, he acknowledged the findings. He stated no further documentation was available for review.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to ensure the facility's approved menu was followed at all times or a substitue provided of equal nutritional value. As evidenced by failure to serve an item from the approved menus or substitute an item of equal nutritional value, for 5 of 5 residents receiving a puree diet in the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	08/09/2016
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**	

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

The findings included:

On a review of the posted dietitian's approved lunch menu for revealed the menu included the following items: (3 oz.) Cheese pizza on English muffin, vegetable soup, (8 oz.), and (1/2 cup) green beans and (1/2 cup) ice cream.

During an interview on / at 12:08 PM, the Food Service Manager revealed that she failed to serve (1/2 cup) of green beans to resident's receiving puree diets. She stated she didn't include the green beans on the 5 puree diets because she had to hurry and serve the puree trays first and did not have time to puree the green beans for them. She also stated the pizza does not puree well.

On at 09:44 AM an observation was conducted of Resident #3 sitting in the Activities She was observed being served 4 hard animal crackers. A review of the physician diet order for Resident #3, dated revealed she is to receive a puree diet with No Concentrated Sweets.

On at 02:30 PM, an interview was conducted with the facility Administrator. He acknowledged that the Food Service Manager should have served the green beans as the vegetable.He also confirmed the Activities Director should not have given Resident #3 animal crackers.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
North Lake Retirement Home
1222 North 16th Avenue
Hollywood, FL 33020

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 and , 2016 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida