

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 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 Bed Increase survey was conducted at AM Grand Court Lakes (license #8390) on . There were deficiencies found at the time of the survey:

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a safe environment and decent living environment in building (D) in which are in need fixing at the time of the survey.

Findings included:

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)

Observation of the male the same floor observed a metal door panel has the left end of the metal sheet was peeled away from the door. This is a danger to anyone entering the in a wheelchair or just entering the (photo taken).

Observation on the upper floor -309 (B) on the ceiling on the left hand corner observed an area of peeling plaster 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)

Observation during evening tour on D building 410 observed peeling and cranked paint and plaster between the window and the air condition unit. (photo taken)

In the same the Resident two areas under the bubbled up plaster on both sides of the wall (photo taken)

Interviewed the Administrator on at 2:00 PM, she confirmed the findings and stated that the facility is being renovated, so and many are things still being finished.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

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

Dear Administrator:

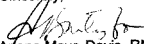
This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) of this office.

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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