



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

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

RE: CCR #2016010333

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



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

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 09/06/2016
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#201610333) Survey was conducted on _____, 2016. AM Grand Court Lakes, LLC License #8390 had the following deficiencies identified at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to honor resident rights for one out of five (#4)sampled residents. The facility retaliated against Resident #4 by eliminating the 45 day notice for the resident to move out when they believed that the family had filed a complaint against facility staff.

Findings included:

At 2:08 PM on _____, the family member of Resident #4 stated that on Tuesday _____ she received a call from the Administrator. She said that the Administrator was very insulting to her, calling her "evil" because the family member had accused the Administrator and reported the facility for _____. The family member further stated that the Administrator told her she had to get Resident #4 by Thursday _____ and find a way to place the resident somewhere else because the facility was no longer able to provide care for her.

Observation showed that the facility was called on _____ from 3:00 to 3:30 PM and was unable to be contacted. The calls were forwarded to a personal voicemail. When the Administrator was asked how family members could contact their relatives in the facility she had no response and hung up the telephone call.

Interviewed on _____ at 3:40 PM, the Administrator stated, "Two investigators came the day before yesterday (Wednesday, _____). I think they were from a state legal office. They came to investigate about Resident #4." The Administrator further stated "I spoke to Resident #4's daughter and told her we took the 45-day notice. I had called her immediately and asked why would you still accuse us of abusing your mom. I called her the same day, when the investigators were here. I never called her and told her to get her mom immediately. I told her I would put more of the ladies to watch her mom."

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to provide documentation ensuring that one out of six sampled Staff (#D) who provide direct care to residents received the required in-service training

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/23/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED 09/06/2016
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)**

within 30 days of employment.

Findings included:

Record review on _____ of personnel files found that Staff D did not have the in-service training's in

1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident _____, neglect, and _____.

Interview on _____ at 4:15 PM with the Administrator acknowledge that Staff D did not have the trainings mentioned above.

Class III