STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965889	11/02/2016
NAME OF PROVIDER OR SUPPLIER **PLEASANT RETIREMENT HOME INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7512 Washington Ave.** **LANTANA, FL 33462**	

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

0000 Initial Comments

An unannounced licensure Complaint investigation, CCR#2016009417, was conducted on [redacted] 2, 2016 at Pleasant Retirement Home Inc. (License #10188). The facility had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interviews, the facility failed to ensure 1 of 3 residents, whose health assessments (AHCA Form 1823) were reviewed, had a new face-to-face medical examination by a health care provider with a new assessment completed after a significant change in health status (Resident #3).

The findings included:

Resident #1 was admitted to the facility with diagnoses of defribillator placement, lower back pain, [redacted] ([redacted]), hypertention ([redacted]) and [redacted]. These diagnoses were documented on the latest health assessment (AHCA Form 1823) completed on [redacted]/ /. The assessment also noted the resident was to receive a regular, no added salt diet. In [redacted] 2016, Resident #3 was diagnosed with [redacted]. There was no new health assessment completed from the time Resident #3 received the new diagnosis and subsequent additional health care until the the date of this survey.

During interview with the resident on [redacted]/ / at 12:20 PM, he stated he had recently been "diagnosed with [redacted]" and was "supposed to have sugar free desserts and drinks". He stated that there was a nurse at the facility about a month ago who checked his [redacted] sugar. He also stated a doctor had prescribed a new medication for [redacted].

During interview with the Administrator at 1:15 PM on [redacted]/ /, she confirmed that the resident had received [redacted] sugar testing from a nurse who works for the facility (not a home health agency). She acknowledged that the resident had a new diagnosis in [redacted] 2016 of [redacted]. A new health assessment with the additional diagnosis and any additional care requirements was not present and available for review. There was no additonal documentation presented at this time for review.

Class III

0031 Resident Care - Third Party Services

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NAME OF PROVIDER OR SUPPLIER **PLEASANT RETIREMENT HOME INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7512 Washington Ave.** **LANTANA, FL 33462**	

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

Based on an interview, and record review, it was determined that the facility failed to develop policies and procedures regarding the coordination of services by third party service providers for residents.

The findings included:

During a review of the facility's documents, the surveyor was unable to locate written policies or procedures for the coordination of services provided to residents by third party service providers. During an interview with the Administrator on / at 11:30 AM, a request was made to obtain the facilities policies and procedures regarding third party providers and coordination of care and services. The Administrator confirmed that the facility had no such policy or procedure. The Administrator acknowledged that the facility should have written procedures to assure timely and accurate communication including physicians, home health agencies and hospice agencies providing care and services to residents.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Pleasant Retirement Home Inc.
7512 Washington Ave.
Lantana, FL 33462

RE: CCR #2016009417

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by a representative 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.

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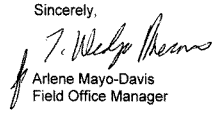
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure
XG90