STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R 10/28/2016
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 revisit survey was conducted at AM Grand Court Lakes on 10-28-2016. There were new deficiencies found at the time of the survey

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a safe environment in sections of building (D) and in other sections of the facility which needed to be corrected at the time of the revisit survey on .

Findings included:
During a tour of the facility on / between 6:15 am and approximately 7:00 am, observed the following:
-Building D: the elevator was not working. Residents from building D who had difficulty using the stairs had to use the elevator in building C.
-Building C: observed three broken floor tiles.
-On the first floor of building D south wing ,observed on the lower wall, green/blue/red electrical wires with yellow safety caps were hanging out.
-Building D: the electric cover and entire electric box was from the wall. Photo was taken. in the front reception desk area at 6:35 am observed that a ceiling panel was missing and all of the piping, wires and air conditioning were visible.
-Building D: On the other side of the same area down the hall another ceiling panel is missing and piping and the cement structure beams.
-In the cafeteria area of the facility (9) ceiling light fixtures were missing light covers and the light bulbs were visible.
-The automatic rear door to the cafeteria was stuck half way and would not close all the way, remaining open for the entire day.
-On the walls of the cafeteria observed three electric plugs without covers. In the kitchen over rear stoves and pots trays, observed grease and dust on the metal air vents.
One kitchen worker also stated that those vents needed to be cleaned. Observation over in the dish washing machine section observed a sink that had running water from the faucet and once trying to shut off the water from the knob it would not stop leaking.
In the front hall way near the two elevators observed that the panel over the elevator was missing and you could see the electrical wires.
On at 6:06 AM during tour of facility observed in - carpet snagged & stained. In - was cracked. In , there was a odor and patched paint on the wall.
On at 6:14 a.m., observed on the activities dark liquid substances and empty yogurt

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in front of the recliner chair. The Kitchen Manager) called another staff to clean the room. In room C-304 there was a strong smell.
On between 6:05 am and 3:30 pm, the Business Manager and the Director of Nursing stated several times that the facility was being renovated.

Uncorrected
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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 revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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