STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967431	10/26/2016
NAME OF PROVIDER OR SUPPLIER **LENOX ON THE LAKE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **6700 WEST COMMERICAL BLVD** **LAUDERHILL, FL 33319**	

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 11/1/2016 and 11/2/2016 at Lenox by the Lake (License11507). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residencv

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled residents (Resident#1) were assessed after significant changes and that the Resident Health Assessment (AHCA 1823 Form) was accurate and reflective of the resident ' s care needs.

The findings included:
Review of Resident#1's observation records, and incident reports revealed since the resident ' s admission on , the resident has had 9 unwitnessed . Resident#1's unwitnessed were on the following dates: (11 PM-7 AM Shift), (7 AM-3 PM Shift), (3 PM-11 PM Shift), (11 PM-7 AM Shift), (11 PM-7 AM Shift), (3 PM-11 PM Shift), (11 PM - 7AM Shift), (11 PM-& 7AM Shift), (3 PM-11 PM Shift).
Further review of the facilities Incident Report Log, confirmed Resident#1's . There were no documented steps of action taken to prevent reoccurrence of . Further reveiw of the resident ' s observation record revealed on , the resident was prescribed 0.5 mg, PRN (as needed) every four hours for agitation, this medication was not added to the AHCA Form 1823.

Further review of the resident observation log revealed Resident#1 sustained injuries on (minimal nose and . Knee). Resident was seen in the facility by two of the facility physicians on and . The AHCA Form 1823 was not updated to reflect Resident#1 being at risk for . .

Review of Resident #'1's most recent Health Assessment form (AHCA Form 1823) dated documented the following diagnosis; - , , and Chronic Kidney 3. Physical or sensory limitations, nursing / treatment/ and special precautions listed as none. The form also documented that the resident was not a risk. The resident's Activities of Daily Living are documented as independent for ambulation , eating, toileting and transferring and requires supervision (1 staff member) for bathing, dressing and self-care.

Review of the resident ' s admission documents dated , revealed a risk acknowledgement was signed and dated by the residents POA's stating: "I the undersigned understand that the Resident is considered a "at risk" for based on a health assessment and / or medical hearsay". However, this was not documented on Resident#1's AHCA Form 1823 for at risk for .

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During an interview with the Memory Care Director on 11/2/16, she acknowledged the multiple /incidents for Resident #1. She stated that the facility has increased the supervision for the resident and now conducts hourly room checks. Upon request for documentation for these steps implemented, the Memory Care Director was not able to provide any documentation or evidence of a new assessment based on the recent incidents.
During an interview with the Administrator and Manager on / at approximately 2:40PM, the findings were discussed. They acknowledged the findings and provided no additional information for review.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self-administration medication, for 7 out of 7 sampled residents (Resident's #6, #7, #12, #13, #15, #23, #24).
The findings included:
On / / at 9:02AM. an observation was conducted with unlicensed staff (Staff C), assisting residents with self-administration of medication. The observation revealed, Staff C sanitized hands, identified medications using electronic MOR (medication observation record), obtained the medications, assisted with self-administration of the medications, but did not state the names of the medication when given to the residents. Review of the MOR's revealed Resident's #6 & #7 were both assisted with self-administration of medications during the 9:00AM medication pass.

On / / at 12:00 PM, an observation was conducted with an unlicensed staff (Staff E) assisting residents with self -administration of medication. Staff E was observed sanitizing her hands, identified medication using electronic MOR (medication observation record), obtained the medication, assisted with self- administration of the medication, but did not state the names of the medication when given to the residents (Resident's #12, #13, #15, #23, #24).
On / at 9:30 AM, an observation was conducted with Staff E assisting with self-administration of medication. Observation revealed Staff E also failed to state the names of the medication. Review of the MOR's revealed Resident's #12, #13, #15, #23, #24, were all assisted with self-administration of medications during the 9:00AM medication pass.

An interview was conducted on / / at approximately 2:50 PM with the Administrator and Manager, the findings were discussed and they acknowledged the findings.

Class III

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0152 Phvsical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe living environment and ensure that the facility maintained free of hazards for 118 out of 118 sampled residents.

The findings included:

On / / and / / between the hours of 11:30 AM - 1:15 PM, a tour was conducted and it revealed the following:

1) A vacant on the west wing of the 4th floor and outside of the door was a sign labeled "Training .1". Observation revealed the cluttered with items such as lamps, dressers, wheelchairs, sofa, tables, boxes, and chairs. On / at 1:15 PM further review revealed the vacant currently unlocked. Further observations revealed this area was accessible to residents.

2) Memory Care Unit on the 2nd floor revealed a recliner with a distressed headrest. The recliner had a leather finish and in the middle of the headrest the material was faded and worn exposing the inner cushion material.

These findings were discussed with the Administrator and the Manager at approximately 2:40PM, they acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Lenox On The Lake (the)
6700 West Commerical Blvd
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a state licensure 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.

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

Delray Beach Field Office
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