STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11953671 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
AM GRAND COURT LAKES, LLC	280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS) 8	DATE 11/21/16	TITLE HFE3	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/6/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 1DRX12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R 11/02/2016
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#2016010333) Revisit Survey was conducted from 10/28/16 to 11/02/2016. AM Grand Court Lakes, LLC License #8390 had the following deficiencies identified at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Base on observation, record review and interview, the facility failed to treat 3 out of 46 sampled residents with dignity and respect (#42, 44 and 47). The facility failed to provide effective means to communicate with Resident #42, who is . The facility used full bed rails which were not prescribed, and which Resident #44 could not remove in order to get out of bed without staff assistance. The facility stored supplies for common use in Resident #47's .
Findings included:
Observation on at 1:20 p.m. during a facility tour showed Resident #44 in bed with an attached full bed rail on both sides of his bed.
A review of the Health Assessment (AHCA form 1823) showed Resident #44 needed supervision with toileting and . The facility did not have documentation on record that reviled that resident received hospice care, or that the use of full bed rail had been prescribe. There was also no documentation of a resident consent to the use of bed rails.
During an interview on at 1:20 P.M. Resident #44 ' stated " I cannot remove the full bed rail by myself. I call facility staff to help me to get out of the bed. They take 15 minutes or 20 minutes to get here. I have to wait because sometimes they helping another resident."
On during facility tour at 6:06 AM, observed in Resident #47' s , adult briefs, women ' s deodorant, and some bags on the counter in the common area of the unit.
On during facility tour at 6:06 AM, Staff V23 stated that "This is 'staff stuff'. These items are used by the other staff person; she stores them there to change and bathe residents on the floor."
On at 2:34 PM, Observed Staff L12 trying to communicate with Resident #42 by yelling. The resident did not respond. Staff L12 touched the resident on the shoulder and he opened his eyes, waving and smiling, motioning that he was . Staff R18 was then observed trying to communicate with Resident #42. The resident was observed guessing at what Staff R18 was saying. Staff R18 appeared to be gesturing to ask if the resident wanted a snack; Resident #42 responded saying that he had already taken a shower. Staff R18 claimed to know a small bit of sign language. Asked if he could then interpret while Resident #42 was interviewed, staff R18 stated that he did not speak sign language officially and could not interpret. When asked, how staff communicates with the Resident #42, especially if there is an emergency Staff R18 said they do the best they could.
On at 3:24 PM interview, with Staff V22 when asked how staff communicates with Resident #42- stated that staff makes gestures and speaks loudly to him and he seems to understand. Staff stated that there is no one on staff who speaks sign language that she is aware of.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	R **11/02/2016**
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)

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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