STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965541	12/06/2016
NAME OF PROVIDER OR SUPPLIER **A & L HEALTHCARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11764 NW 30TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 12/06/2016 at A & L Healthcare Corp. (License #9959). The facility had a deficiency identified at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, it was determined that the facility failed to have a resident reassessed upon a significant change in condition (including enrollment into hospice) and the results documented on a Resident Health Assessment (AHCA form 1823) to ensure the resident met the criteria for continued residency, for 1 out 2 sampled residents (Resident #2).

The findings include:

During records review on , it was noted that Resident #2 was admitted on hospice effective / as documented on the Integrated Plan of Care. The hospice enrollment date was also confirmed by the Administrator.

Review of the Resident #2's Face Sheet revealed an admission to the facility of / / . The resident's updated Health Assessment record dated / showed that Resident #2 suffers from Aneurysm, generalized and . However, there was no indication that the resident was currently receiving hospice services.

During an interview with the Administrator on at 9:40 AM, she reported that Resident #2 was currently receiving hospice services. However, she agreed that the resident's Health Assessment had not been updated to reflect the current health status of Resident #2. The facility failed to illustrate that based on the updated assessment of the resident was evaluated for continued residency at the facility under the care of hospice and the facility ' s care.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
A & L Healthcare Corp
11764 NW 30th Street
Coral Springs, FL 33065

RE: Relicensure survey

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/dso
Enclosure
XG90

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