

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968532	(X3) DATE SURVEY COMPLETED 06/01/2017
NAME OF PROVIDER OR SUPPLIER ENGLAND'S PLACE, LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 BUCHANAN STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on _____ at The England's Place, LLC , License # 12412. The facility had deficiencies at the time of the visit.

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

Based on observation, interview and record review, the facility failed to obtain an updated Resident Health Assessment form (form 1823), for 1 of 2 resident records reviewed, to indicate that the Resident (Resident # 3) requires nursing services/ _____, to provide care due to a significant change in the resident's condition.

The findings included:

On _____ at 12:25 PM, an interview was conducted with Resident # 3. He indicated that he receives physical _____ from a Home Health Agency. He was observed sitting in his wheelchair. He was observed being assisted with transferring from the wheelchair to the bed with Staff assistance .

A review of the Resident's medical record revealed the resident was admitted into the facility in 2015. He suffers from Lung _____ and _____ Accident (CV). He requires assistance with his Activities of Daily Living (ADL'S). such as bathing, dressing and _____. He requires total assistance with ambulation, as he is wheelchair bund and unable to propel the wheelchair on his own.

A review of a Physician Order, dated _____ shows an order for Home Health Care, Registered Nurse, Physical _____, and an Aide, due to functional decline.

Further review of the medical chart reveals The Resident's Observation log dated _____ states the Resident was seen and evaluated by the Physician. It stated labs were ordered and done by the Lab Company. The order is for a wheelchair, Home Health Care, Physical _____, ordered and pending, resident tolerating fluids by mouth (po), measure daily Bowel movement. No weight loss noted.

A review of the Resident's 1823 form, shows the last date that the form was completed was on _____. The form calls for the following Nursing Services: Keep head up 30 minutes after feeding. It does not reflect the new Physician Order for Home Health Care Services with a diagnosis of decline in condition

On _____ at 05:00 PM, an interview was conducted with the Administrator. She stated that Resident # 3 is on and off Home Health Services from time-to-time. She indicated she did not think that

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she needed an updated 19823 form, but that she would ask the Resident's Physician to update the 1823 form to reflect the third party services. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, interview and record review, the facility failed to follow the menu provided by the licensed dietitian for 5 of 5 sampled residents during the lunch meal. (Residents # 1, # 2, # 3, # 4, and # 5). The findings included: On at 12:00 PM, an observation was conducted of the lunch meal in the facility. The Surveyor observed the Residents were being served the following menu: Chicken Soup with onions, sweet peppers, pumpkin and potatoes, shredded cabbage. A review of the menu cycle # 1, prepared by the Certified Dietitian revealed the following items were to be served: Turkey (4 oz.), Green Beans (1 cup), Sweet Potatoes (1/2) cup, Mixed salad (1 cup), Salad dressing (1 Tablespoon, T.), Pudding (1/2 cup). On at 12:30 PM, an interview was conducted with the Administrator Designee. She indicated that they did not have the Roast Turkey or Green Beans. On at 05:00 PM, an interview was conducted with the Administrator. She was advised that the cook had served Chicken Soup with a broth and vegetables without a specified portion size. She was also advised that the green vegetable was not provided to the Residents, which was not comparable to the menu that had been provided by the Certified Dietitian for it's nutritional value. She acknowledged the findings. Class III		