STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965218	**09/28/2017**
NAME OF PROVIDER OR SUPPLIER **LAKEVIEW RETIREMENT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2304 NW 52ND COURT FORT LAUDERDALE, FL 33309**	

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

0000 - Initial Comments

An announced abbreviated relicensure survey was conducted on at Lake View Retirement Residence, Inc- Assisted Living Facility, License # 9618. The facility had deficiencies found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to provide adequate assisted living services by not arranging physical services for 1 out of 7 sampled residents (resident #2).

The findings are:

In an observation on at 9:15am, resident #2 had his right bandaged with gauze and white colored bandage. In an interview with the resident at this time, he stated that he by the front entrance of the facility a couple days ago and he landed on top of the cactus plant, which scraped his .

Review of resident #2's health assessment dated on indicated that he was diagnosed with of the lumbar spine, and . Further review of this health assessment indicated that the resident was recommended physical services as needed and was at risk for .

In an interview with the administrator on at 9:45am, she stated that resident #2 at the facility entrance about 2 days ago and the resident scraped his right on a cactus plant. She stated that the resident's required to be bandaged and that she believed that the resident did not need physical services as per the physician's recommendation indicated on the resident's health assessment. She stated that the resident also on or about and the resident was required to be hospitalized due to this accident. She stated that the resident outside his while he went outdoors to smoke a cigarette and that she felt that the resident did not need physical services after this accident. She stated that the facility did not implement any specific measures for the resident's identified risk for and that she did not discuss with the resident's physician the resident's need to receive physical after the resident's .

In an interview with resident #2's physician on at 10:20am, he stated that although the resident was assessed to be independent with his activities of daily living in 2016, the resident suffered from extreme spinal , degenerative disc and chronic back pain which may limit his physical function at times. He stated that was the reason why he recommended for the resident to

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receive physical , , services as needed on the health assessment and that he relied on the facility to notify him whenever the resident had any decline in physical function or accident so he may immediately order physical , , services for the resident. He stated that he did not receive any notification from the facility regarding the resident's decline in physical function or accidents since , 2017.

Class III

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on observation, interview and record review, the facility failed to allow 1 out of 3 sampled residents (resident #2) to self-administer his own daily pain medications without assistance which resulted in the resident to experience increased pain.

The findings are:

In an interview with resident #2 on at 9:15am, he stated that the facility staff did not assist him with his 2 most recent dosages of , , pain medication. He stated that the facility staff told him that his , pain medication had run out yesterday and he was not informed by the facility staff if his medication arrived from the pharmacy. He stated that he had chronic low back pain and his pain was presently, on a scale from 0 to 10, at a level of 8, with a level of 10 representing the highest, most unbearable pain. He stated that the facility assumed the responsibility to manage and assist him with his medications since he was admitted, and he did not know the reason for this because he was able to manage every aspect of his medication administration.

In an interview with the administrator on at 11:55am, she stated that the facility was responsible to assist resident #2 with the self-administration of his daily medications, including the , pain medication. She stated that she was aware that the resident's most recent health assessment dated on indicated that the resident did not need help with taking his daily medications. She stated that the resident did not receive any other physician assessment since to indicate that the resident needed to receive assistance with self-administration of medications. She stated that she did not consult with any of the resident's physicians to have the facility assist the resident with the self-administration of his daily medications.

Review of resident #2's record indicated that the resident was prescribed , - 5mg-325mg (,), 1 tablet by mouth three times daily, for a total of 90 tablets, on . Review of the resident's medication observation record (MOR) indicated that the resident was assisted with the self-administration of his , pain medication by the facility staff three times daily at

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8am, 12pm and 5pm, and the resident initiated taking this pain medication from at 5:00pm until at 8:00am. Further review of this MOR indicated that the facility documented that the resident received a total of 20 doses of this pain medication, equaling a total of 20 tablets.

In an interview with resident #2's pharmacist on at 12:05pm, he stated that the pharmacy sent two deliveries of 9 tablets each to the facility beginning on , based on the resident's prescription dated on , to which the resident's physician ordered a total of 90 tablets. He stated that the pharmacy could not deliver the balance of the 72 remaining tablets to the facility until it received the original prescription from the facility, and that the pharmacy just recently completed processing the original prescription so it can deliver the resident's balance of the tablets on .

In an interview with the administrator on at 1:45pm, she stated that she was aware that the facility received 18 of resident #2's tablets beginning on and she could not account when or how the resident missed 2 previous doses, and she realized that the resident also missed his most recent dose of this medication on at 12pm since the pharmacy had not yet delivered the resident's tablets that day. She also stated that she did not notify the resident's physician for the resident not having received 3 doses of pain medication.

In an interview with resident #2's physician on at 2:05pm, she stated that she prescribed the resident the medication on due to the resident's chronic back pain and severe spinal . She stated that the resident was capable of managing his own medications, including sourcing and administering his daily medications.

In an interview with resident #2 on at 2:15pm, he stated that he did not receive his dose on at 12pm and that he still had pain in his low back which the medication could help reduce this pain.

Class II

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 1 of 4 sampled employees (Employee# C) had a current health statement indicating freedom of ( ) signed by the health care provider on an annual basis.

The findings included:

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Record review was conducted on . . . . . of Employee #C's personnel file which indicated the home health aide did not have a current annual health care provider statement documenting that the employee was free of signs and symptoms of . The record indicated the last examination was conducted on . . . . . .

In an interview with Employee #C on . . . . . at 1:30 PM, she stated that she had not visited the health care provider for the required annual testing.

In an interview with the Administrator on at 2:00 PM, she stated that arrangements would be made immediately to complete the required testing for Employee #C.

Class III