

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966757	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER LIFESTYLE LIVING #2	STREET ADDRESS, CITY, STATE, ZIP CODE 833 NORTH RAINBOW DRIVE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017009538, was conducted on _____ at Lifestyle Living #2, License #10901 . The facility had a deficiencies at the time of the investigation.

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

Based on observation , record review and interview, the facility failed to complete a face to face medical examination by a health care provider after a significant change in condition and record the results of the examination on AHCA Form 1823, for 1 of 3 (Resident #1) records reviewed.

The findings included:

On _____ at 11:15 AM an observation of Resident #1 revealed the resident to be sitting in his wheelchair with his bi-lateral feet bandaged.

A record review of Resident #1's record revealed a physician order dated _____ for home health to provide _____ care to right heel, clean, apply _____ and _____ ointment mixture to _____ bed. In an interview conducted on _____ at 3:02 PM with the podiatrist she stated that the wounds are now healing, but that originally it was a _____ to the heel that she de-breeded, she acknowledged that it could have been a pressure _____, and that it was a _____ . A review of Resident #1's AHCA form 1823 dated _____ fails to capture any indication that the resident was receiving home health for a _____ .

In an interview conducted on _____ at 3:15 PM with the Administrator, she stated that the AHCA form 1823 dated _____ was the last assessment for Resident #1, and she acknowledged the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure that hospice residents's records contain the interdisciplinary care plan and other documentation that the resident is a hospice patient in 1 of 3 (Resident #2) resident records reviewed.

The findings included:

A record review of the admission and discharge log revealed a notation for Resident #2's that the resident expired on _____ and discharged to hospice. Further review of the resident's record failed to

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have any documentation of being a hospice patient. In an interview conducted on at 3:21 PM, with the administrator she confirmed that Resident #2 was a hospice patient, she reviewed the filed, searched her records and confirmed that she has no hospice documentation at the facility to provide for review. Class III		