STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953671	04/20/2018
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT 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 Change of Ownership (CHOW) survey was conducted on and concluded on . Livewell at Grand Court Lakes, LLC with a standard License# 8390 had the following deficiencies identified at the time of the survey.

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

Based on record review and interview facility failed to provide documentation of a negative ( ) test result for one out of 12 sampled staff (#I).

Findings included:

A review of Staff I's personnel record (hired) showed that there was no documentation of an annual freedom from statement.

Interviewed at 4:30 PM, the Administrator verified after review that the facility did not have documentation of a negative statement for Staff I.

Class III

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

Based on record review and interview, the facility failed to have an accurate health assessment for four of 10 sampled residents (#2, #21, #34, #36).

Findings included:

1) A review of Resident #2's observation log showed that the resident was receiving care for a ( ) at right leg.

Resident #2's health assessment dated on stated, "No care." However, Resident #2's Progress notes from - reflected that the home health agency was providing daily care.

2) Resident #21's health assessment dated on stated, "No care." However, Physician's order dated on stated, "Left lateral foot and left leg . Evaluation for care on

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to feet. On , improvement continue decreasing 1.0 cm x 1.0 cm x 0.1 cm. On , improvement noted 0.5 cm x o.5 cm x 0.1."

3) Resident # 34's health assessment dated on stated, " No care." However, Resident #34's physician order dated on stated, "Continue care until healed daily."

Interviewed on from 2:34 pm - 2:42 pm, Staff D acknowledged that Residents' (2, 21 and 34) health assessments did not have care information added. Staff D stated, "Resident #21 had sweating feet and it causes the problem on her skin. Resident #2 had a right foot , and Resident #34 had positive left shoulder."

4) A review of Resident #36's health assessment (admitted on)revealed " , , , and , . Physical or sensory limitations as needs limited assistance with activities of daily living. Resident uses wheelchair and walker. Further record review revealed that Resident #36's observation notes ( ) stated that the patient transferred to the hospital via 911. It did not indicate the reason for the hospitalization. Observation notes also reflected that Resident #36 was under home health care services, but there was no information for a specific treatment. Record review revealed that Resident #36's health assessment (dated) did not reflect home health services.

Interviewed on at 1:40 pm Staff D stated, "Resident #36 went to the hospital for , but we did not add the information on the progress notes. Resident #36 received physical , services. I did not have Resident #36 home health book here due to Resident #36 is not receiving more service from home health anymore. However, we did not add that information on observation log either."

Class III