STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**06/24/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIFESTYLE ALF OF LAKE PLACID**	STREET ADDRESS, CITY, STATE, ZIP CODE **1297 US 27 NORTH** **LAKE PLACID, FL 33852**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey (CCR# 2018006634) was conducted at Southern Lifestyle Senior Living Center assisted living facility on . . . . . Southern Lifestyle Senior Living Center had a deficiency at the time of the investigation.

(License# 11211)

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

Based on records review and interview, the facility failed to obtain an updated health assessment (AHCA form 1823), for any significant changes in medical condition for 3 of 3 residents whose records were reviewed (Residents #7, #8 and #9).

Findings included:

A review of Resident #7's records was conducted on . The records showed that the resident was admitted to the facility of . The most current 1823 assessment was dated . . . and it did not list hospice services on the list of services required for the resident. Records from a hospice provider in the resident's records showed that Resident #7 began receiving hospice services on . . . . . No updated 1823 was found, in the record, to reflect the change of condition and the requirement for hospice services.

A review of Resident #8's records was conducted on . . . . The records show that the resident was admitted to the facility on . The most current 1823 assessment in the record was dated and it did not list the need for hospice services on the list of services required for the resident. Records from a hospice provider in the resident's records showed that Resident #8 began receiving hospice services on . . . . . No updated 1823 was found, in the record, to reflect the change of condition and the requirement for hospice services.

A review of Resident #9's records was conducted on . The records show that the resident was admitted to the facility on . . . . . The most current 1823 assessment in the records was dated . . . and it did not list the need for hospice services on the list of services required for the resident. Records from a hospice provider in the resident's records showed that Resident #8 began receiving hospice

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services on . No updated 1823 was found, in the record, to reflect the change of condition and the requirement for hospice services.

At 2:00pm on , an interview was conducted with the facility Administrator to inquire if the facility had attempted to obtain revised 1823 assessments for the residents #7, #8 and #9 when they learned the need for the 3 residents to receive hospice services. The Administrator stated that the facility was not aware of the requirement for them to obtain revised 1823 assessments for changes of condition, such as the need for hospice services.

Class III