STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	**08/24/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH LAKE RETIREMENT HOME	**1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2018 through , 2018 at North Lake Retirement Home, Inc., License #7395. The facility had deficiencies at the time of the visit.

The above Relicensure survey was done in conjunction with the Monitoring revisit survey. Please see separate report for findings.

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

Based on record review, interview and observation, the facility failed to ensure that a new Agency for Health Care Administration Health assessment (AHCA Form 1823) was obtained upon a significant change in health status, and reflective of residents current care needs for 2 of 3 sampled residents (Resident #1 and #7).

The findings included:

1) Review of Resident #1's Health Assessment forms located in the file revealed a discrepancy regarding the diagnosis. Resident #1 Health Assessment dated 11/ shows in diagnosis. Health Assessment dated did not show in the diagnosis.

During an interview conducted with the Administrator at 2:23 PM on , regarding Resdient #1 current Health Assessment. The Administrator stated that she did not know the current Health Assessment was filled out incorrectly and no additional information was provided.

2) Record Review of the most current 1823 for Resident #7 dated for revealed that the residents medication list was left blank and there was no additional sheet attached on the residents most current medications. During an interview with the Administrator at 1:00 PM on it was stated that "I have to go get it." At 1:05 PM a copy of the Resident #7's Medication Observation Record (MOR) for the month of was provided.

Review of the Resident's MOR's provided revealed that the resident was receiving services from Home Health beginning on for treatment of a . Further review of the resident's AHCA form 1823 revealed no indication that the resident had a or that the resident receives Home Health Services.

During an interview with the Medical Office Manager at 1:25 PM on , it was stated that

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resident was receiving the medications from Home Health for a but it was resolved on . When asked what was the stage of the it was stated that there was no stage. The facility's progress notes were requested. Upon bringing the progress notes the Medical Office Manager flipped to the facility's progress notes and stated that we have not documented that the has been resolved because it recently happened on the 17th. Review of the notes reveal the last date documented was on for the resident.

During an interview with the Administrator on at 1:00 PM, it was discussed with the Administrator that the medication list should be filled out or attached when the form is completed and that a copy of the MOR cannot be used as the attachment. It was further discussed that the facility failed to document a significant change within the resident after consulting third party services for the treatment of a . The Administrator acknowledged the findings, no additional documentation was provided for review.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate written work schedule.

Findings Include:

Record Review conducted on at 10:30 AM; revealed that Staff C did not have the required trainings and did not provide direct care for residents, but was listed on the Direct care schedule. Review of Staff C's file revealed a job description for the title of an administrative assistant.

Observation of the weekly staff schedule on at 10:35 AM, revealed that staff C is listed on the schedule titled "Direct Care". Surveyor reviewed the facilities work schedule for the last two weeks, and there was no change in the work title for staff C to reflect that he was only designated as an administrative assistant.

During an interview on at 10:49 AM with the facility Administrator, revealed that Staff C had no direct care with the residents, and that he was only the Administrative Assistant. The Administrator stated that Staff C's job duties included making sure the facility paperwork is in order, and the staff trainings are done in a timely manner. The Administrator stated that the staffing schedule was incorrect, because Staff C did not provide direct care.

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During an interview with Staff C on at 11:55 AM; it was revealed that his job duties entail handling contractors, assessing resident requests, processing new admission and discharge packets, making copies, sending faxes, and following directives of the facility Administrator. Staff C stated that he has contact with the residents only when they come to the office to ask a question or need to retrieve their mail.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, and staff interview, the facility failed to provide a safe, clean living environment free of pest, free of hazards and ensure that all existing structural systems are maintained in good working order for all residents residing at the facility.

The findings included:

During a tour and observations of the facility on and between the times of 9:35 AM and 11:00 AM revealed the following issues/concerns:

1) - Dirty empty bottles that have collected dust were observed on Resident #7's dresser. One bottle was observed with a hard white grainy substance inside. Observations of the white tile on the floor inside the brown stains observed throughout from dirt that collects on the bottom of shoes.

2) - The residents have a lawn chair that is dirty being used as a shower chair in the residents is being used by the residents that reside inside of the is a total of 4 residents that reside in .

During an interview at 10:15 AM on with the Assistant, it was stated that the use it as a shower chair for the residents in the . When asked why didn't the facility provide the residents with a shower chair? The Assistant did not have a response.

3) While stationed in the dining was observed black and brown ants crawling on the ground and on the walls of the dining . Further observations revealed ants also crawling on the tables of the

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dining area. Other pest observed while seating included multiple flies flying around while food was being served and a lizard crawling around on the floor.

During an interview with the Administrator and the Assistant at 2:00 PM on and again on at 2:30 PM the findings were discussed and acknowledged .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to obtain a valid approval and documentation of an Emergency Environmental Control Plan (EECP) at the facility.

The findings included:

On at 11:06 AM, a request was made to the Administrator for documentation showing approval of the facility's EECP. The Administrator submitted an EECP letter dated , 2018 that stated this letter is notification that your EECP was reviewed and approved as compliant with the requirements of Emergency Rule 58A-5.036 signed on , 2018. Further review revealed the facility was approved for a fixed generator.

On at 11:12 AM, during an interview with the Administrator regarding the generator and the EECP, it was revealed the facility did not have the generator as noted in the EECP. The Administrator stated that he has an approved EECP by the county but he has not been approved by the city for a permit for a fixed generator. It was revealed that the Administrator did not have a generator on site at the facility. The Administrator stated that he submitted an implementation plan for the EECP to the county and he was approved based on the information he provided.

The Administrator stated that he submitted a request for an extension on the EECP to the Agency of Health Care Administration AHCA after he submitted the implementation plan to the county. The Administrator could not provide proof of an approved extension letter from AHCA.

The Administrator was unable to provide additional information.

Class III