STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	10/10/2018
NAME OF PROVIDER OR SUPPLIER **ANNIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1650 NE 62ND STREET** **FORT LAUDERDALE, FL 33334**	

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

0000 - Initial Comments

An unannounced Complaint Survey CCR# 2018010583 was conducted on at Annie's Retirement Home Assisted Living Facility, License #8184. The facility had deficiencies identified at the time of the visit.

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 have all residents reassessed to ensure that all residents met the criteria for continued residency at an Assisted Living Facility (ALF) for 1 of 3 sampled residents (Resident #1). As evidenced of the facility retaining Resident #1, who no longer met the criteria for continued residency due to the resident having a .

The findings Included:

During an interview with the Administrator on at 9:55 AM it was stated that Resident #1 is on Home Health from "(Name)." They come in 2 times a week for the sacrum . It was stated that Resident #1 has a that they manage and the stage of the is between 2 and 3. It was stated that the started when the resident went to the Hospital for 10 days for a problem, and when the resident came back there was a . The resident was on Hospice for a month but the wasn't healing. Resident #1 was sent back to the Hospital for a . The doctor there saw that the wasn't healing so they took Resident #1 off of Hospice, cleaned out the to where it was nice and pink, then they put Resident #1 on Home Health from "(Name)". Once Resident #1 started Home Health, she came back to the facility and it has been healing every since.

Review of the Home Health Notes revealed that Resident #1 came back to the facility on , 2018 with a . Review of Care Measurements revealed that it was healed completely on , then reopened on . During an interview with the Administrator earlier that morning on at 9:50 AM, it was stated that Resident #1's is completely healed and isn't a problem anymore.

During an interview with the DON from Home Health Agency on at 12:15 pm, it was stated that the was completely healed on and as of the opened up again meaning the got worse and is still being treated as an unresolved . It was also stated that they are still treating the resident for a that was found on the resident's bottom from her not being changed as often. It was also stated, that the facility called the Home Health Agency on , stating that the was unresolved and reopened, so they are unaware why they are

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	**10/10/2018**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1650 NE 62ND STREET FORT LAUDERDALE, FL 33334**	

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

telling the Surveyor that it is healed and not a problem anymore.

During an additional interview with the Administrator on at 1:50 pm, it was stated that she brought the resident back to the facility because the resident and the family was familiar with everyone and that the resident's care would be worse somewhere else. It was stated that she knew Resident #1 was not suppose to be at the facility, with a ; she thought she was doing the right thing. It was stated that the residents was healing but then she doesn't know what happened, it opened back up.

The findings were discussed, and acknowledged the Administrator, no further information was provided for review.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

During an interview with the Administrator on at 2:00 PM, the facility's current approved CEMP was requested. Review of the most recent approval letter dated for revealed that the CEMP is valid up until .

During an interview with the Administrator at 1:45 PM on , she stated that the CEMP was sent in but they sent a letter back saying I need to send in more papers. The papers they want I couldn't send in yet because I had to find a new generator company. Review of the documentation provided by the facility from the Local Emergency Management Division revealed a documentation submission deadline of .

During this time, the Administrator acknowledged that the facility does not have an approved CEMP or CEMP approval letter. No further information was provided at this time.

Class III