| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966666 | 04/02/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Lakeshore Living Inc | 10919 Mistletoe Drive Thonotosassa, FL 33592 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - E200 - 58a-5.030(1) Fac - Ecc - Licensing S-S= D

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on , in conjunction with a complaint survey, CCR# 2014000825.

The Lakeshore Living, Inc., assisted living facility, had deficiencies at the time of the visit.

**0007-Admissions - Criteria 58A-5.0181(1) FAC**

Based on observation, record review, and interview, the facility failed to ensure that residents admitted to the facility meet the minimum criteria required for admission to a facility holding a standard assisted living facility license. The facility failed to ensure that no resident is admitted, or allowed continued residency, with a or 4 pressure for two of four records reviewed (#4 & #5.

Findings include:

A review of 4 resident records on beginning at approximately 12:30pm. Two of four resident records selected for review indicated the presence of pressure sores.

Resident #5 was initially admitted to the facility on - A Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) was completed on . The assessment indicated an insensate Right foot, partially insensate Left foot, and /bowel incontinence. Resident #5 was released by hospice when hospitalized - / . On / , an updated Resident Health Assessment (AHCA Form 1823) was completed, indicating that the resident has a Right heel , is bedridden and -dependent, requires 24 hour nursing or care, and needs total assistance with all Activities of Daily Living except eating (needing supervision). The Medical Doctor marked No to the resident having a communicable , but wrote colonization.

The Medical Doctor who completed Resident #5 's Resident Health Assessment on indicated that the resident needs daily care and bandaging. Per interview with the facility Manager on at approximately 3:00pm, the facility is only able to provide care 4 days a week when Hospice & Home Health are restarted; an evaluation was scheduled to be performed on for restart of Hospice & Home Health

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services--Hospice will provide services 2 days per week; Home Health will provide services 2 days a week. The resident's 1823 indicates daily bandage changes needed-the facility is only able to access the needed services 4 days a week.

Resident #6 was admitted to the facility on - - A Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) was completed on . The assessment indicated a pressure . A note was added (with no initials or signature signifying who wrote the note-- dated ): " resolved. " However, the Form 1823 indicating the presence of a pressure was signed by a medical doctor on . The Resident Health Assessment indicated that the resident needs total assistance with all Activities of Daily Living except eating (needing supervision). The doctor did not complete: "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing, or facility? " - There was no indication that Resident #6's needs can be met in an assisted living facility. Nursing/treatment/ service requirements include "skilled nursing. " Per Rehabilitation Physician's Order dated , "skilled nursing " is one of the requested services. Resident #6 was admitted to the facility on - contract for residency & services signed & dated .

Per interview with the Administrator on beginning at approximately 5:45 pm, the Administrator stated he was not aware of Resident #5 having a pressure . The Administrator stated that Resident #6 is going to be reevaluated, acknowledged that resident did arrive on to begin residency, and introduced Surveyor to the new resident.

Class III

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**

Based on observation, record review, and interview, the facility failed to ensure that the needs of residents admitted to the assisted living facility can be met in the facility. The facility failed to ensure that Resident Health Assessments include a statement that, in the opinion of the examining licensed health care provider on the day of the examination, the individual's needs can be met in an assisted living facility.

Findings include:

One of 3 Resident Health Assessments selected for review on beginning at approximately 10:30 am did not include a statement that, in the opinion of the examining licensed health care provider on the day of the examination, the individual's needs can be met in an assisted living facility.

Per record review conducted , Resident #6 was admitted to the facility on . A Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) was completed on . The assessment indicated a pressure . The Resident Health Assessment indicated that the resident needs total assistance with all Activities of Daily Living except eating (needing supervision). The doctor did not complete: " In your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing, or facility? " - There was no indication that Resident #6 ' s needs can be met in an

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assisted living facility. Resident #6 was admitted to the facility on - contract for residency & services signed & dated .

Per interview with the Administrator on beginning at approximately 5:45pm, the Administrator stated that Resident #6 is going to be reevaluated, acknowledged that resident did arrive on to begin residency, and introduced Surveyor to the new resident.

Class III

**0010-Admissions - Continued Residency 58A-5.0181(4) FAC**

Based on observation, record review, and interview, the facility failed to ensure that residents who do not meet the requirements for continued residency in the facility are discharged.

Findings include:

Resident #5 was initially admitted to the facility on - A Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) was completed on . The assessment indicated an insensate Right foot, partially insensate Left foot, and /bowel incontinence. Resident #5 was released by hospice when hospitalized - . On , an updated Resident Health Assessment (AHCA Form 1823) was completed, indicating that the resident has a Right heel , is bedridden and -dependent, requires 24 hour nursing or care, and needs total assistance with all Activities of Daily Living except eating (needing supervision). The Medical Doctor marked No to the resident having a communicable , but wrote colonization.

The Medical Doctor who completed Resident #5 's Resident Health Assessment on indicated that the resident needs daily care and bandaging. Per interview with the facility Manager on at approximately 3:00pm, the facility is only able to provide care 4 days a week when Hospice & Home Health are restarted; an evaluation was scheduled to be performed on for restart of Hospice & Home Health services--Hospice will provide services 2 days per week; Home Health will provide services 2 days a week. The resident's 1823 indicates daily bandage changes needed-the facility is only able to access the needed services 4 days a week.

Per interview with the Administrator on beginning at approximately 5:45pm, the Administrator stated he was not aware of Resident #5 having a pressure .

Class III

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

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

Based on record review and interview, the facility failed to ensure annual documentation of freedom from for all facility staff.

Findings include:

Three of four employee records randomly selected for review on at approximately 11:00am contained no evidence of annual documentation of freedom from .

Staff A was hired as a Resident Aide on and currently works 1st shift at the facility (7am-3pm & as needed)--employee's records contained evidence of testing negative on . As of , there was no annual documentation of freedom from completed by .

Staff C was hired as a Resident Aide on and currently works 3rd shift at the facility (11pm-7am & 3am-7am)-employee's records contained evidence of testing negative on . As of , there was no annual documentation of freedom from completed by and by .

Staff D was hired as a Resident Aide on / and rehired and currently works 1st shift at the facility (10am-6pm & 7am-3pm)-employee's records contained evidence of testing negative on & . As of , there was no annual documentation of freedom from completed by / .

Per interview conducted with the facility Administrator on at approximately 5:45pm, he was unaware that the staff did not have annual testing as required.

Class III

**E200-ECC - Licensing 58A-5.030(1) FAC**

Based on observation, record review, and interview, the facility failed to ensure provision of services within the scope of its license. The facility failed to obtain a license from the agency to establish an extended congregate care program.

Findings include:

Per Statute 58A-5.016 License Requirements - (1) Service Prohibition: An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide.

Per observation and interview, Resident #6 was admitted to the facility on . Per record review, a contract for residency & services was signed (dated ) by Resident #6 ' s Legal Guardian/ Representative and Facility Manager as Lakeshore Representative. The contract addendums include " Exhibit I - Extended Congregate Care, " which states: " LSL < Lakeshore Living> will provide Extended Congregate Care to eligible residents in an effort to give each individual the option of Aging in Place. "

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Per observation of facility's posted license and verification of license as listed on FloridaHealthFinder.gov, Lakeshore Living is licensed to provide Standard assisted living facility services -- Current License Effective: ; License Expires: ; Licensed Beds: 20 -- Bed Types: Extended Congregate Care: 0 Optional State Supplement: 0 Private: 20.

Per interview with the Administrator on beginning at approximately 5:45pm, the facility is licensed to provide Standard assisted living facility services, not extended congregate care.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lakeshore Living Inc
10919 Mistletoe Drive
Thonotosassa, FL 33592

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **__May 23, 2014__** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Paul Brown, HFES, at 727-552-1911 .

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/tc
Enclosure

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