STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heartland Health Care Center-K	9400 Sw 137th Avenue Kendall, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures

Specific Tag Findings:

0000-Initial Comments

A limited nursing services monitoring survey was conducted on . Heartland Health Care Center-K had deficiencies at the time of deficiencies.

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

Based on observation, record review and interview the Assisted Living Facility failed to ensure that residents have an accurate health assessment for one out of seven sampled residents (#7) as well as to complete health assessment correctly for 3 out of 7 sampled residents (#7, #4 and #5).

Findings include:

Observation at approximately 10:50 a.m. showed resident #7 was resting on her bed and her reposition had to be done by facility's staff and hospice nurse.

Record review for resident #7's file revealed that her health assessment (AHCA form 1823) completed on / indicated that resident needed supervision with the activities of daily living. The health assessment (dated) was missing resident's , height, weight,if resident need help taking her medication and what kind of assistance.

Record review for resident #4's file revealed that his health assessment was missing , if need or not assistance with medication administration, no name of the examiner, no medical license number, no address of the examiner, no telephone, no date of the examination.

During record review for resident #5's file was found a health assessment was missing resident's name and date of birth in all pages, did not indicate if the resident needed or not assistance with medication administration either what kind of assistance, did not indicate resident height or weight.

In an interview with registered nurse from facility on at approximately 12:59 p.m. she revealed that they will pay more attention when they received health assessment from doctor.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed to have consent that specified for the use of half-bed rails for 4 out of 7 sampled residents (#1, #2, #6 and #7).

Findings include:

Observation on at approximately 9:28 a.m. on revealed that there was a half-bed rail

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attached to a bed.

Observation on at approximately 9:31 a.m. revealed that resident #1 was resting on his bed with half-bed rails up.

Observation on at approximately 9:34 a.m. revealed that resident #6 was resting on her bed with half-bed rail up.

Observation on at approximately 10:50 a.m. revealed that resident #7 was resting on her bed with half-bed rail up.

Record review for resident #1's file revealed that resident #1 had a consent to use bed rails dated and signed on

Record review for resident #2's file revealed that resident #2 had a consent to use bed rails dated and signed on

Record review for resident #6's file revealed that resident #6 had a consent to use bed rails dated and signed on

Record review for resident #7's file revealed that resident #7 had a consent to use bed rails dated and signed on

In an interview with licensed practical nurse (LPN) from the facility on at approximately 9:28 a.m. revealed that bed with attached bed rail belonged to resident #2 and she used it while on bed.

In an interview with registered nurse from facility on at approximately 12:59 p.m. revealed that she knew that they needed the doctor order and consent but she did not know that the consent needed to be specific about the type of side rails that the resident was using.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heartland Health Care Center-K
9400 Sw 137th Avenue
Kendall, FL 33186

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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