State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911449	A. Building B. Wing	9/8/2015

Name of Facility	Street Address, City, State, Zip Code
THE PLAZA AT PEMBROKE PARK, LLC	3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 09/08/2015	ID Prefix A0010 Reg. # 429.26(1&9) FS; 58A-5.018 LSC	Correction Completed 09/08/2015	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 09/08/2015
ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A LSC	Correction Completed 09/08/2015	ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC	Correction Completed 09/08/2015	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By**	**Date:** 9/21/15	**Signature of Surveyor:** for RK	**Date:** 9/21/15	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	
Followup to Survey Completed on: 6/25/2015		**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?**		**YES**	**NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964562	**06/19/2015**
NAME OF PROVIDER OR SUPPLIER **SHERIDAN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2415 NORTH 20TH AVENUE HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced Relicensure survey with Limited Nursing Services was conducted on 6/19/2015 at Sheridan Manor. The facility had deficiencies found at the time of the visit.

0123 Fiscal - Resident Trust Funds

Based on record review and interviews, the facility failed to ensure that resident funds were accurately accounted for in 1 out of 10 residents (Resident #12) who had personal funds held by the facility for safekeeping.

The Findings Include:

In an interview conducted on 6/19/15 at 10:11 AM, Resident #12 stated the Co-Owner kept money for safekeeping. Resident #12 stated she does not know how much money the Co-Owner kept. She asked this writer to find out the amount.

The Co-Owner stated via phone call on 6/19/15 at approximately 2:40 PM that he and the Owner were out of town. The Co-Owner confirmed that he keeps money for safekeeping for Resident #12. He stated the resident has not requested money for 4 or 5 months. When asked if he had an accounting of Resident #12's funds, the Co-Owner stated he was out of town and could not provide the information. When the Co-Owner was asked if the Administrator could access the information, he stated she could not. The Co-Owner stated he does not give the resident quarterly statements for her personal account funds as, "It's just a small amount of money." The Co-Owner stated he did not know what other residents he kept funds for as he did not have his records with him.

Class III

N277 LNS - Resident Care Standards

Based on interview and record review, the facility failed to provide and maintain documentation of employment or contract with a nurse who must be available to provide Limited Nursing Services (LNS) as needed by residents.

The Findings Include:

A review of the facility license revealed the facility was licensed to provide limited nursing services on the facility's LNS license. On 6/19/2015, a facility record review found no documentation of the qualifications

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SUMMARY STATEMENT OF DEFICIENCIES
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of nurses providing limited nursing services in the facility's personnel files.

In an interview with the Assistant Administrator on 6/19/2015 at 1:15 PM, she stated she knows the facility has an LNS nurse. At 2 PM, the Assistant Administrator stated she could not locate the documentation and no further information was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 21, 2015

Administrator
The Plaza At Pembroke Park, Llc
3535 Sw 52nd Avenue
Pembroke Park, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 8, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

DT9D

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