STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	10/27/2015
NAME OF PROVIDER OR SUPPLIER **HEARTLAND HEALTH CARE CENTER-K**	STREET ADDRESS, CITY, STATE, ZIP CODE **9400 SW 137TH AVENUE KENDALL, FL 33186**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Heartland Health Care Center-Kendall with Limited Nursing Services component had the following deficiencies identified at time of survey.

0010 Admissions - Continued Residency

Based on record review and interview, the Assisted Living Facility failed to have an accurate AHCA form 1823 (health assessment) that reflects a resident significant change in condition for one (#3) out of five sampled residents.

Findings included:

Record review of Resident #3's file revealed that the health assessment completed on indicated that the resident needed supervision for all activities of daily living; and assistance with taking his medication but it does not specify which type. Review of the Hospice initial nursing assessment on revealed that resident needed total care for with activities of daily living and resident was bedfast. The last hospice nursing note in record dated on also indicated that resident needed total care and was bedfast.

Observation on at 11:42 AM revealed that Resident #3 was in resting on bed with half-bed rails up.
On at 11:42 AM, Resident #3 stated that he could get out of bed with assistance and use bed commode with assistance.

In an interview with Assistance Administrator on at 11:50 AM revealed that Resident #3 needed assistance with activities of daily living but he did not need total care.

Observation on at 1:13 PM revealed that Resident #3 transferred from bed to wheelchair with assistance of private aide.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that one (#5) out of five sampled residents took her medicines.

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

Findings included:

Observation on at 10:40 AM of found 1 capsule and three tablets at the bedside. One capsule was white and blue, one of the tablets was pink and the other one was white.

In an interview with the Assistant Administrator on / at 10:41 PM revealed that she did not know what could happen. The Licensed Practical Nurse (LPN) on duty on at 10:43 AM stated that she checked that resident swallowed her medicines and surveyor was messing her day.

Medicine reconciliation for Resident #5 on at 1:20 PM revealed that medicines found at bedside for resident coincided in shape and color with what she had ordered: 40 mg DNC tablet, Hydroclorothiaz 12.5 mg capsule and - 1,000 mg tablet.
Record review of Resident #5 's Medication Observation Record revealed that it was initialed at 9 AM for medicines including 40 mg DNC tablet, Hydroclorothiaz 12.5 mg capsule and - 1,000 mg tablet by LPN on duty.

Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have up-to-date interdisciplinary care plan for hospice residents two (#2 and #3) out of five sampled residents.

Findings included:

Record review of Resident #2's file revealed that Resident #2 was admitted to hospice on / / and last review of plan of care was on / .

Record review of Resident #3's file revealed that Resident #3 was admitted to hospice on and last review of plan of care was on .

In an interview with Assistant Administrator on at 2:10 PM revealed that hospice nurse visited those residents she did not understand why plans of care were not up-to-date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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 , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com