STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	**10/31/2017**
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 standard biennial survey was conducted on . Heartland Health Care Center-Kendall, license #7307 had the following deficiencies found at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview facility failed to update two out of 12 sampled residents (# 1 and #6) sampled residents' health assessment after significant change.

Findings included:

On at 10:18 AM during an interview was observed resident sitting in his cookies and watching television.

Record review showed on health assessment stated that resident needs medication administration. During resident interview he stated that they assist him with his medication. On page #1 of health assessment; Nursing/ , services- , Cat. On at 12:36 PM resident stated: I had A but I do not remember when they took it away Special Precautions and Physical Limitations blank.

On at 12:35 PM during lunch resident was observed that the tray with food was taken to his he sat down and started to eat with no problem.

Record review of Resident # 1 revealed that she was admitted to hospice on and her last health assessment was completed on and at the time she was independent with eating and required assistance with the rest of her activities of daily living.

On at 12:40 PM Staff R stated that Resident # 1 requires supervision with eating, was able to assist with transfer and requires total assistance with the rest of her activities of daily living; and requires medication-administration.

Class III

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

Based on record review and interview the facility failed to provide evidence of a negative statement on an annual basis for 2 out of 22 sampled staff (Staff K and O).

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

Findings included:

A review of Staff K's personnel record revealed that the last statement was dated .

A review of Staff O's personnel revealed that the last statement was dated .

The Administrator stated on at 12:20 PM that both employees K and O had a chest X-Ray and that the results were good for 2 years.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a signed contract in the charts for one out of 12 (#9) sampled residents.

Findings included:

Record review showed that resident #9 was admitted on , the contract had been changed several times but no new contract had been done. The contract was not signed.

On at 1:00 PM during an interview with the administrator of the facility she stated that she just took over over a month ago and she did not know that this contract was not signed.

Class III