Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966055	A. BUILDING: _____ B. WING _____	12/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF EAST LAKE	1755 EAST LAKE ROAD TARPON SPRINGS, FL 34688

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Limited Nursing Services (LNS) monitoring survey was conducted at Addington Place of East Lake on . Deficiencies were identified at the time of survey.	A 000		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents receiving nursing services from third party providers were being assessed by a qualified nurse on a monthly basis for 2 (Resident #1 and #2) of 4 residents sampled. Findings Included:	AN278		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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AN278	Continued From page 1 A review of Resident #1's record conducted on revealed that the resident had been receiving a monthly injection of a medication from a home health agency since of 2019 and there were no nursing assessments documented in the resident's record. A review of Resident #2's record conducted on revealed that the resident was receiving hospice services since of 2019 and there were no nursing assessment documented in the resident's record. In an interview with the Wellness Director/LNS nurse at 12:15pm on , she stated that the facility has not been conducting monthly nursing assessments on the residents receiving third party nursing services, nor have they been ensuring that hospice or the third party nursing providers conduct such assessments. The facility has plans to conduct monthly nursing assessments for these residents in the very near future. Class III	AN278		