

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964665	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARDEN COURTS OF PALM HARBOR

**2895 TAMPA ROAD
PALM HARBOR, FL 34684**

(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 service monitoring visit was conducted at Arden Courts of Palm Harbor 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 from the facility's staff. 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 obtain monthly assessments performed by a Registered Nurse for one Resident (#1) that was admitted to the Facility's limited nursing services. Findings Included: A record review for Resident #1, conducted on	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 , revealed that Resident #1 had a monthly assessment dated that was not signed as performed by a Registered Nurse (photographic evidence obtained). There were no other monthly assessments in Resident #1's record to review. Resident #1 was admitted into the Facility on and into limited nursing services on for management. During an interview with the Administrator, conducted on at 02:05pm, the Administrator agreed that the Facility had not obtained monthly assessments for Resident #1 as required. Class III	AN278		