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
	AL11965538	A. BUILDING: _____ B. WING _____	C 06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN LAKELAND	6150 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813

(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 biennial and a complaint (complaint number 2023007798) survey were conducted on [redacted] at Hawthorne Inn Lakeland. There were deficiencies found at the time of survey.	A 000		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the usage of assistive devices were documented in the resident record for 1 of 2 residents, whose records were reviewed (Resident #1). Findings Included: An interview with Resident #1 was conducted at	A 034		

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A 034	Continued From page 1 9:53a on . . . . . During the interview, Resident #1 stated that he knew not to try to do anything without his cane or his walker and that he always had his cane, or walker, with him. During the interview, and throughout the day of . . . . , Resident #1 was observed using his cane to ambulate around the facility. An observation of Resident #1's room at 12:30pm on . . . . . revealed a walker, next to a wall by bathroom. A review of Resident #1's records on . . . . . revealed two AHCA 1823 assessments, one dated . . . . . and the other dated . . . . . . Neither 1823 assessment mentioned that the resident needed an assistive device to ambulate safely. The resident's latest service plan, in the record, was dated . . . . , and there was no mention of him needing a walker or cane in the service plan. An interview with the Health and Wellness Director was conducted at 12:45p on . . . . . She stated that she was aware that Resident #1 needed a walker or cane, when ambulating. She stated she was not aware that the facility was required to have documentation of any residents' assistive devices in their record, and that the care and safe use of the assistive device was required to be included in the residents' care plans. She stated that Resident #1's plan of care did not mention his need for an assistive device (either his walker or his cane). Photographic evidence obtained.	A 034		

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A 034	Continued From page 2 Class III	A 034		