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
	AL11964280	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST LAKE MANOR	252 FOREST LAKE BLVD DAYTONA BEACH, FL 32119

(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 An unannounced LNS visit was conducted on [redacted] 2012 at Forest Lake Manor in Daytona Beach, Florida. The facility was found no to be in compliance.	{A 000}		
{AN278}	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on staff and interviews, observations and record reviews, the facility failed to maintain nursing progress notes and monthly nursing assessments for 3 of 3 sampled residents (Residents #1, 2, and 3). The finding include: 1. Resident #1 was admitted on [redacted] with diagnosis: chronic obstruction [redacted] and required limited nursing services services for [redacted] and [redacted] administration. [redacted] records and [redacted] were documented however there were no progress notes or monthly assessments performed. 2. Resident #2 was admitted on [redacted] with diagnosis of chronic [redacted]	{AN278}		

AHCA Form 3020-0001

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FOREST LAKE MANOR	**252 FOREST LAKE BLVD DAYTONA BEACH, FL 32119**

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{AN278}	Continued From page 1 veflux . Resident #2 required continuously at 3 liters. An Interview with Resident #2 was conducted on at 12:05 pm. He stated he used continuously, he had a concentrator and portable tanks on the back of the wheelchair. The company delivered every week. The nurses help change the tanks when they run low, and set the flow on the machine. Review of Resident #2's record did not reveal documentation of progress notes and monthly assessments. 3. Resident # 3 was admitted on with diagnosis including : chronic , a-fib, and was receiving Hospices services due to decline in condition. Resident #3 required a due to retention and received care three times a day. The resident was receiving LNS services for care of the 4. Review of the record revealed there was no documentation of progress notes or monthly nursing assessments. 5. An interview with the 7-3 shift LPN on at 3:30 pm confirmed there were no progress notes or monthly nursing assessments. Class III Correction Date: 2012	{AN278}		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Forest Lake Manor
252 Forest Lake Blvd.
Daytona Beach, FL 32119

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiency, identified during the revisit.

The deficiency should be corrected no later than 2012.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/KW/sm
Enclosure

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