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
	AL11965923	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACIOUS AGE	1401 MAGNOLIA AVENUE SANFORD, FL 32771

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A 000	Initial Comments the biennial re-licensure survey including w/Limited Nursing Services (LNS) & Limited Nursing Service (LNS) monitoring was conducted at Gracious Age Assisted Living Facility (ALF). The ALF had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2 or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____. (g) A resident placed on a temporary emergency	A 008		

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was accurate and updated for 1 of 5 sampled residents (#4) and Random Sample #1. Findings: 1. Review of the Assisted Living Facility health assessment form (1823) for Random Sampled resident #1 dated stated the resident needed medications administered. Observation of the Medication Pass on at approximately 12 PM revealed the unlicensed staff assisted the resident with medications. 2. Record review for resident #4 revealed a Resident Health Assessment form 1823 dated with diagnosis that included and The resident was admitted into the hospital and returned from rehab on and required a new 1823 for the	A 008		

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A 008	Continued From page 4 significant change. The 1823 noted the resident needed her medications administered. Interview with an unlicensed staff at approximately 12:30 PM revealed that the unlicensed staff gave the resident her medications. Review of the Medication Observation Record (MOR) for resident #4 revealed that there were initials on the MOR of the unlicensed staff. Further review of the 1823 revealed it did not note rather the resident's need could be met at the facility and if she had any communicable There was no documentation to review to indicate the facility had an updated 1823 completed by the healthcare provider on the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010, and clarified with the healthcare provider if the resident's needed assistance with or administration of medications, needs could be met at the facility or rather she had any communicable Interview with the administrator on at approximately 1 PM who stated the 1823's were not accurate and updated. Class III	A 008		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 5 (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure it provided appropriate care and services to one of five sampled residents and retained an inappropriate resident (#2) a who required total care and was unable to pivot and subsequently developed a pressure Findings: Observations at approximately 9:30 AM noted resident #2 in her a recliner leaned back with a dressing to the left heel. She had a hospital bed with overlay mattress. The staff stated at the	A 025		

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A 025	Continued From page 6	A 025		

time that the hospital bed had come the day before and she thought the resident was under the care of hospice and she needed total care with Activities of Daily Living (ADL). Continued observations noted a sign by bed "Please no shoes for [name]".
Health assessment dated indicated diagnoses of and history of She needed assistance with ADLs.
MD visit note dated indicated recent hospitalization for to and listed diagnoses of with manifestation of personal history of other of system. Another note dated indicated left heel post eschar removal.
Physician order dated indicated HHC for care left medial side
Another order dated also indicated HHC care and need straight for UA (urinalysis) with C/S (culture and sensitivity) if UA and random and ratio. An order dated care c/s left heel.
Continued review revealed the laboratory result dated indicated the culture results indicated positive for
Podiatrist note dated and indicated the resident was at risk of loss of protective sensation.
Facility notes indicated on the resident was seen by the doctor and no new orders were made. Note dated indicated "Noted soar on resident left inner foot this morning, informed MD, and family". Note dated indicated the home care nurse did care for resident.
On an order was received for 500 mg 1 cap four times a day x 10 days.
Home health care interdisciplinary communication record dated indicated the "left heel was 2.5. X 3.7 x 0.6 cm, black eschar, green

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A 025	Continued From page 7 Continued review revealed no evidence to confirm the staff had been instructed on pressure relieving measures and a plan of care implemented to prevent the development of a pressure . . . . Observations at approximately 1 PM, the resident was in the recliner, leaned back; the staff stated she just ate. The staff fed her. The staff stated the resident would be put to bed at 2 PM. The staff also stated the resident was not able to assist with ADL and 2 staff was needed to transfer. Observations at approximately 2 PM noted the resident was unable to elevate the head of the recliner and be placed in a sitting position; the staff did it for the resident. Two staff transferred the resident back to bed; the resident was unable to pivot. The staff, one of the resident's caregiver stated that she was not instructed by the administrator/owners, both whom are nurses, to take any special precautions/care with resident #2. She added the resident wore shoes until the pressure . . . . and that was why she placed a sign by the resident's bed to alert other staff not to put shoes on her. The administrator stated at approximately 4 PM that the resident had been given 45 day notice because of the development of the pressure . . . . since it had to show improvement within 30 days and they had obtained a mattress the previous day. Class II	A 025		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as	A 030		

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A 030	Continued From page 8 described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.	A 030		

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A 030	Continued From page 9 (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and	A 030		

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A 030	Continued From page 10 with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health	A 030		

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A 030	Continued From page 11 care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed the honor the Residents Bill of right to be treated with consideration and respect with due recognition of personal dignity and the need for privacy for 1 of 5 sampled resident (#2) and the other residents	A 030		

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A 030	Continued From page 12 of the secure memory care unit who were locked out of their [redacted] and did not ensure the use of physical [redacted] was limited to half-rails and only with a written order from the resident's physician biannually, and with the consent of the resident or the resident's representative for 1 of 5 sampled residents (#4). Findings: Observations at approximately 9:30 AM in the memory care unit noted [redacted] had a sign posted by her bed "please put pants on for [name] when she goes to bed". [redacted] was locked and the resident wanted to go in. The staff opened the door for her. The staff stated at the time that residents did not have a key to their [redacted] that is how they kept residents out of other resident's [redacted] and watched them. The only [redacted] kept unlocked were 40, 32, 33, and 38. Continued observations noted resident #2 in her [redacted] a recliner leaned back with a dressing to the left heel. She had a hospital bed with overlay mattress. Continued observations noted a sign by bed "Please no shoes for [name]". The resident shared the [redacted] another resident. Health assessment dated [redacted] indicated diagnoses of [redacted] and history of [redacted]. She needed assistance with ADLs. Observations at approximately 1 PM, the resident was in the recliner, leaned back; the staff stated she just ate. The staff fed her. The staff stated the resident would be put to bed at 2 PM. The staff also stated the resident was not able to assist with ADL and 2 staff was needed to transfer. Observations at approximately 2 PM noted the resident was unable to elevate the head of the recliner and be placed in a sitting position; the staff did it for the resident. Two staff transferred the resident to back to bed; the resident was	A 030		

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A 030	Continued From page 13 unable to pivot. The a door with a 4 glass pane. The staff were about to provide personal care to the resident. The door did not have a covering on the glass pane, anyone who passed by could see the 2 residents who shared the , receiving personal care During the tour of the facility at approximately 9:30 AM resident #4 was observed with half- bed rails on her bed. Record review for Resident #4 revealed that there was a health care providers order for the have rails that had a date that appeared to be for the year 1930 is was not legible. Further record review revealed that there was no evidence that a consent of the resident or the resident's representative was obtained. A caregiver stated at approximately 3 PM that hospice had obtained consent for the half-bed rails from the family. However the facility did not have the documentation to confirm. The caregiver confirmed that she could not determine the date the order was written for the half-bed rails. Class III	A 030		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test	A 078		

Agency for Health Care Administration

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	AL11965923	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 078	Continued From page 14 must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff.	A 078		

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A 078	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure that only a nurse applied and removed the nasal cannula for to 1 of 5 sampled residents (#4) and failed to ensure that 3 of 3 sampled staff (A, B & C) had an annual statement from their health care provider documenting freedom from Findings: 1. Individual personnel record review at approximately 2:15 PM for staff B revealed a test result dated that was filled out on the facility letter head. The document did not have any evidence that the test and the results had been reviewed by a health care provider. Staff A had a test dated . Staff B had a test result dated , they were due for a test on . The administrator stated at approximately 4 PM that he did not know that the verification needed to be from a health care provider. 2. During the tour of the facility on at approximately 9:30 AM, resident #4 was observed to have an Concentrator in her the nasal cannula was observed in her nose while she was lying in bed and it was running. The unlicensed staff present stated at the time she and the other caregivers would remove the nasal cannula from the resident when she needed to have showers and place it back on her. Class III	A 078		
A 167	58A-5.025(1) FAC Resident Contracts	A 167		

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A 167	Continued From page 16 Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.	A 167		

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A 167	Continued From page 17 (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed _ _ _ _ _ _ _ This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the contracts included a provision that residents must be assessed every three	A 167		

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A 167	Continued From page 18 years, or after a significant change for 2 of 5 sampled residents (#1 & 2). Findings: Review of contracts for residents #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract. Interview with the administrator on at approximately 3 PM who stated he was aware the above statement was required to be in the contract. Class	A 167		
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 record review and interview the facility failed to ensure the Limited Nursing Services (LNS) services were conducted and supervised in accordance with the prevailing standard of	AN278		

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AN278	Continued From page 19 practice in the community and ensured monthly nursing assessments and progress notes were completed for 1 of 1 sampled resident (#3) who received a LNS service Findings: During the tour of the facility on at approximately 9:30 AM, resident #4 was observed to have an Concentrator in her the nasal cannula was observed in her nose while she was lying in bed and it was running. The unlicensed staff present stated at the time stated that she and the other care givers would remove the nasal cannula from the resident when she needed to have showers and place it back on her. She stated that the Owner/Nurse would place the portable on the resident when she needed to leave the She stated that the resident was on hospice. Record review for resident #4 revealed a Resident Health Assessment form 1823 dated with diagnosis that included and An order dated noted 2 liters. Further record review revealed that there was no nursing progress notes found in the record each time the LNS service was provided to the resident as required, nor was there a monthly nursing assessment found. During interview with the owner on at approximately 1:30 PM who was a nurse who stated that she did remove and place the nasal cannula on the resident. The owner stated that she was not aware that the resident was required to be on LNS if she received hospice services.	AN278		

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AN278	Continued From page 20 Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Gracious Age
1401 Magnolia Avenue
Sanford, FL 32771

Dear Administrator:

Re: FS w/LNS and LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2012,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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