

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER RESTHAVEN OF HARDEE COUNTY, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 298 RESTHAVEN ROAD ZOLFO SPRINGS, FL 33890		
(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 Assisted Living Facility A limited nursing services (LNS) monitoring visit was conducted on _____, in conjunction with a complaint survey, CCR# 2012011324, see (Aspen Event 2D2411). Resthaven of Hardee County, Inc., assisted living facility, had a deficiency found at the time of the visit.		A 000		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with		AN277		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

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XDX111

If continuation sheet 1 of 2

Agency for Health Care Administration

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AN277	Continued From page 1 Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a contract in place for a qualified practitioner to provide services to the residents under the facilities Limited Nursing Services (LNS) license. By not having a contract the residents are at risk for inadequate care of nursing services. Findings include: Based on interview on _____ at approximately 10:00 a.m. with the facility's administrator she acknowledged that currently the facility does not have a contract with a health care practitioner, that is qualified, to provide the LNS services to residents. Record review of the facility's contract titled "supplemental staffing/service agreement" reveals that the contract was expired on _____ By not having a contract in place for a qualified practitioner to provide services the residents are not able to obtain nursing services from the facility. Unclassed	AN277			

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Resthaven of Hardee County, Inc.
298 Resthaven Road
Zolfo Springs, FL 33890

Dear Administrator:

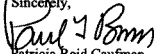
Re: CCR# 2012011324 & LNS Monitoring Visit

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring visit that was conducted on , 2013, by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit relative to the LNS monitoring visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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