

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964810	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER EMERITUS AT CONWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 5501 EAST MICHIGAN STREET ORLANDO, FL 32822		
(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 Limited Nursing Services (LNS) monitoring conducted at Emeritus at Conway located at 5501 East Michigan Street Orlando Florida 32822. The 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 Chapter 464, F.S., and the prevailing standard of practice in the nursing community.	AN277			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6599

1PJ511

If continuation sheet 1 of 2

Agency for Health Care Administration

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that nursing services were conducted in accordance with Chapter 464, F.S., (Nurse Practice Act) and the prevailing standard of practice in the nursing community and allowed a Licensed Practical Nurse (LPN) to conduct nursing assessments for 3 sampled residents (#1, #2, and #3) who received Limited Nursing Services (LNS). Findings: During the entrance interview, at approximately 9:15 AM the Resident Care Director, a Licensed Practical Nurse (LPN) stated that 3 residents received LNS. Resident #1 had a wrist brace, resident #2 had _____ at night/bedtime and resident #3 had _____ at 2 liters per minute continuous. 1. Resident record review for resident #1 at approximately 11 AM noted the monthly nursing assessment dated _____ was conducted by an LPN and co-signed by an RN. 2. Resident #2 had monthly assessments dated _____ and _____ and were both conducted by an LPN and co-signed by an RN. 3. Resident #3 had monthly assessments dated _____ and _____ and were both conducted by an LPN and co-signed by an RN. The Resident Care Director stated at approximately 12:30 PM that she did not know that an LPN could not conduct assessments. The Regional Director stated at the time that she did not know that only an RN could conduct the assessments. Class III	AN277		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus At Conway
5501 East Michigan Street
Orlando, FL 32822

Dear Administrator:

Re: LNS monitoring visit

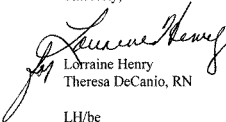
This letter reports the findings of a state licensure survey that was conducted on _____ 2013 by
representative(s) of this office.

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 _____ 2013, 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,



Lorraine Henry
Theresa DeCanio, RN

LH/be
Enclosure

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