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
	AL11964810	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT CONWAY	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		

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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 [redacted] at night/bedtime and resident #3 had [redacted] at 2 liters per minute continuous. 1. Resident record review for resident #1 at approximately 11 AM noted the monthly nursing assessment dated [redacted] was conducted by an LPN and co-signed by an RN. 2. Resident #2 had monthly assessments dated [redacted] and [redacted] and were both conducted by an LPN and co-signed by an RN 3. Resident #3 had monthly assessments dated [redacted] and [redacted] 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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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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