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
	AL11968388	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONNERTON COURT	21021 BETEL PALM LN LAND O LAKES, FL 34638

(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 completed on [redacted] in conjunction with a complaint survey, CCR# 2013002714, see (Aspen Event V9JI11). The Connerton Court, assisted living facility, had a deficiency found at the time of the LNS visit.	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 observation, record review and interviews, the facility failed to assure a monthly nursing assessment was completed for 1 (Resident #1) of 1 sampled resident receiving LNS services as required for residents placed under the facility's limited nursing services log (LNS). Findings include: Record review revealed Resident #1 had orders for oxgyen use at 2L/min at night and also for	AN278		

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AN278	Continued From page 1	AN278		

daily application and removal of TED hose. Review of the 04/ observation record had both services listed on it and documentation showed the services were being provided as ordered. Further review of the progress notes revealed a monthly note was written by the LPN who provided the service but there was no monthly nursing assessment completed and signed by the designated LNS nurse.

Interview with the Wellness Director, an LPN (Staff A) on 04/1 approximately 11:00am revealed she had a misunderstanding of what the LNS requirements were with regard to the assessments and would see that the LNS RN completed a monthly assessment focusing on the LNS service being provided.

During an interview with the administrator and president of the facility's management company on 04/1 approximately 11:15am, it was acknowledged that nursing assessments had not been completed for Resident #1. She said they (management) would make sure any resident receiving LNS services had the required monthly nursing assessment.

Observation of Resident #1 on 04/1 approximately 11:55am revealed she was sitting in a wheelchair and was wearing clean white support hose on both lower legs. She said she could not put them on or take them off herself and that a nurse puts them on in the morning and takes them off at night. She said staff also clean them for her. Also observed an oxygen in her room tubing attached. The resident said she uses the oxygen at and again said the nursing staff assist her with this at bedtime. Several containers of portable

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AN278	Continued From page 2 were also in her . A note on the resident's door identified that was in use. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Connerton Court
21021 Betel Palm Ln
Land O Lakes, FL 34638

Dear Administrator:

Re: **CCR# 2013002714 & 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 a representative 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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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