AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Residences of Lecanto
4865 West Gulf To Lake Highway
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013007832 & 2013007846

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

Enclosed is the provider's copy of the State (5000-3547) 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	07/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residences Of Lecanto	4865 West Gulf To Lake Highway Lecanto, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
On unannounced compliance survey CCR #2013007842 and 2013007846 were conducted at Residences of Lecanto Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interviews the facility did not honor resident bill of rights for personal individuality for 2 of 15 residents, for residents #2 & #6.

Findings:

On at approximately 3:27 PM an interview was conducted with resident #2. During the interview she stated that staff wake her up and dress her at approximately 6:30 AM every morning. She said she prefers not to get up so early, but it really does not matter.

On at approximately 6:35 AM an interview was conducted with LPN J. LPN J stated she has been working in the facility 3 months. She said there are 10 residents that they get up every morning at 5:30 AM which they toilet, clean up and dress. She said if they want to lay back down they can. She stated that resident #2. #5 and #6 are a few of the residents which are gotten up at that time.

On at approximately 6:55 AM an interview was conducted with resident #6 while she was in bed partially dressed in a day shirt. Resident #6 stated staff got her up this morning and got her dressed. She said she would have liked to slept in longer before they got her up.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observations and record reviews the facility did not maintain a correct Medication Observation Record for 1 of 15 residents. For resident #12.

Findings:

On at approximately 9:00 AM a medication observation was conducted of medication administration by LPN K. After the last resident was given their medication a reconciliation of the prescription medication labels

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was conducted with the MOR.

It was observed for resident #12 the medication prescription label stated for her refresh tear drops to instill 1 drop both eyes in the morning. The MOR read instill 1 drop in the right eye only in the morning. The prescription label did not match the MOR.

It is important that the MOR matches the prescription label and the prescription label matches the physicians order to ensure proper dosage for residents.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, record review and interviews the facility did not administer medication as prescribed for 2 of 15 residents, for resident #8 & #9.

Findings:

On at approximately 9:00 AM while observing the administration of medication it was observed that resident #8 received her 850 mg tab after the morning meal. During the record review it was observed that the medication label and MOR both stated that the resident was to take 850 mg tab before the morning meal. When the LPN was asked why the medication was not given as prescribed before the morning meal, she stated that the medication administration time had been changed to 9:00 AM. There was no change order for this change in the residents record.

On at approximately 9:30 AM it was observed that resident #9 received 17 grams of in approximately 4.5 oz of water in a 9 oz cup. During the record review it was observed the the prescription stated resident #9 was to receive 17 grams of in 8 oz of water. When the LPN was asked why she did not give the resident 8 oz of water with his 17 grams , she stated she did. When the LPN was asked if she measured the water she said no.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on Record Reviews and Interviews the facility did not have an annual freedom from documentation for 2 of 4 staff members, for #D & #E.

Findings:

On a record review was conducted on four facility direct care staff members. It was observed that employee #D & #E both had not had a yearly test. Records reveled that employee #D had her last test done on and hadn't had one since. Employee #E had her last test done on . Both employees were out of compliance.

On at approximately 11:30 AM an interview was conducted with the Administrator Assistant. She said employee # E just went and had a test but the results won't be read for three days. She said she cannot find a current test results for employee #D and she is unsure if she has had her annual test done or not.

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Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observations and interviews the facility failed to provide food service in a safe sanitary manner for 15 of 15 residents.

Findings:

On at approximately 6:25 PM during a tour of the food pantry it was observed that the facility had an open case of individual cans of Ocean Spray cranberry juice with expiration dates of In the same pantry it was also observed that there were 6 large bags of Quaker Grits sitting on the shelf with an expiration dates of

On at approximately 6:25 PM an interview was conducted with the Dining Director in reference to the expired food products. The director stated that he has not served grits for six months and if he was going to serve either product he would have checked the expiration dates before serving either product. Once he had seen that the product was expired he would not have served it to the residents.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility failed to ensure that all mechanical and electrical systems are maintained in good working order for 2 of 7 residents, for residents #2 & #5.

Findings:

On at approximately 2:00 PM it was observed that resident #2 call pendant was not operational. Resident #2 was instructed to push the button on her pendant and after 20 minutes staff had not responded.

On at approximately 2:20 PM contact was made with the facility DON and she was informed that resident #2 call pendant was activated but no staff responded. She stated that was unacceptable. The DON then went to resident #2 examined the call pendant and used a key object to reset it. She tested the pendant again and the red light on the pendant lit-up but the alarm did not go off. The DON said there must be a in the system. She then went to the main alarm panel and reset it. she also instructed staff to check other residents call pendants.

On at approximately 2:30 PM it was observed that resident #5 call pendant alarm kept going off even after staff reset it. After the third time resident #5 was asked if he was pushing the button on the pendant, which he said no. Staff stated it must be

On at approximately 3:00 PM an interview was conducted with the Administrator in reference to the call pendants. She stated that there are only seven residents that have the pendants. She said she is going to make contact with the alarm company and see if they can figure out what the problem is with the call pendants. She said they will conduct regular checks on the residents until the problem is resolved.

Class III