STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Safe And Secure Respite Care, Llc	3091 Skyline Drive Crestview, FL 32539	

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

0000-Initial Comments
An unannounced visit was made to Safe and Secure Respite Care on for the Limited Nursing Service monitoring. There was deficient practice found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and staff interview the facility failed to ensure that 6 of 8 resident's observed had Physician orders for the use of side rails. (#1, 2, 3, 4, 5,6)

The findings are:

During tour of the facility on all 8 beds had half side rails on the beds.
Record review indicated residents #1, 2, 3, 4, 5 and 6 did not have Physician's orders for the use.
During interview with owner on at approximately 10:10 AM, the owner stated the side rails are used at night, and there were no Physician orders for the side rails.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Safe And Secure Respite Care, Llc
3091 Skyline Drive
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure limited nursing services monitoring survey that was conducted on , 2013 by representatives of this office.

Attached 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 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia M Heiberg

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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