STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**10/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bristol Court Assisted Living	**3479 54th Ave N** **Saint Petersburg, FL 33714**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted in conjunction with two complaint surveys, CCR# 2013008369 & CCR# 2013009503 on

The Bristol Court Assisted Living Facility had a deficiency at the time of the visit.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview, the facility failed to employ or contract a nurse to provide limited nursing services (LNS) for any residents who may require those services.

Findings include:

Review of the LNS agreement letter for residents dated revealed that effective immediately all LNS services will be provided for the residents by the residents' home health company and their staff.
In the interview with the assistant administrator on at approximately 11:45am, he stated that the residents are provided LNS services by home health. The resident and the home health set up the LNS services. The physician writes the order and a home health agency contracts the service with the resident. The facility does not have a contract with a specific nurse for LNS.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bristol Court Assisted Living
3479 54th Ave N
Saint Petersburg, FL 33714

Dear Administrator:

Re: **CCR# 2013008369 & CCR# 2013009503** & LNS Monitoring Visit

This letter reports the findings of two complaint surveys and a limited nursing services (LNS) monitoring visit that were conducted on , 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 to verify that the necessary corrections are in place to correct the deficiencies identified on your surveys.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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