STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910478	10/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At The Fountains	1255 Pasadena Avenue, S. Saint Petersburg, FL 33707	
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 on in conjunction with a complaint survey, CCR# 2013008736.

The Inn at the Fountains Assisted Living Facility.

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 residents that may need those services at the facility.

Findings include:

Review of the LNS designated registered nurse's employee documents revealed that she was not licensed as a nurse in the state of Florida.

Interview with the assistant executive director on at approximately 5:30pm revealed that she did not realize the nurse needed a license in the state.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Inn at The Fountains
1255 Pasadena Avenue, S.
Saint Petersburg, FL 33707

Dear Administrator:

Re: LNS Monitoring Visit & **CCR# 2013008736 & CCR# 2013009469**

This letter reports the findings of a limited nursing services (LNS) monitoring visit and two complaint surveys 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 visits. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul T Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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