STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965334	11/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Winter Springs	1057 Willa Springs Drive Winter Springs, FL 32708	
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
An unannounced Abbreviated re-licensure survey including Limited Nursing Services was conducted on . Arden Courts of Winter Springs Assisted Living Facility had a deficiency found at the time of the visit.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on interviews and record review the facility failed to ensure nursing services were conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standards of practice in the nursing community for 1 of 10 sampled residents (#7).

Findings:

During the entrance interview on at approximately 9:15 PM the Resident Services Director identified resident #7 as receiving Limited Nursing Services (LNS) for application and removal of .

Observations of the residents' at approximately 11:30 AM noted the resident had an concentrator in his the side of the bed. The concentrator was operational and was set at 2 liters per minute.

Resident record review revealed he was admitted to the facility on . The health assessment dated listed diagnoses of , chronic insufficiency, , skin and knee replacement. He was and wore diapers (adult briefs). Assistance was needed with all his activities of daily living and medications needed to be administered. Physician's order dated indicated at 2 liters per minute at bedtime and as needed during the daytime. Continued review revealed a nursing assessment dated and was signed by a Licensed Practical Nurse (LPN) and co -signed by the Registered Nurse/Resident Services Director on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965334	**11/06/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Winter Springs	**1057 Willa Springs Drive Winter Springs, FL 32708**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The Resident Services Director stated on : at approximately 4 PM that she was out on leave and the LNP did the assessments so it would not be late and she co-signed it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arden Courts Of Winter Springs
1057 Willa Springs Drive
Winter Springs, FL 32708

Dear Administrator:

Re: Biennial relicensure w/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998