STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910053	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Manor At Lake Morton, Llc	610 East Lime Street Lakeland, FL 33801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013012071, was conducted on , in conjunction with a state licensure revisit survey.

The Grace Manor at Lake Morton, LLC, assisted living facility, had deficiencies at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based upon record review & interview one (#2) of 6 residents review appeared to have been inappropriately admitted.

Findings include:

A review of the record for resident #2 revealed the resident was admitted on . The resident was already on Hospice Care at the time of admission. A review of the residents 1823's dated & (error in date)respectively reflected the residents diagnosis of

On the 1823 dated the resident was noted "does not ambulate and indicates as well that the resident does not bath, dress due to & It further notes that the resident requires assistance with eating, & transferring. The section D. for this 1823 is marked "no" that the residents needs cannot be met in a facility that is not a medical, nursing or facility. One the 1823 dated the residents ADL levels are noted to be assistance with bathing, dressing, non-ambulatory, with dependant being noted next to each ADL. Eating, dressing, toileting & transfer is noted as assistance. Next to transfer it is noted that the resident is "dependant unable to transfer

During interview with management (12:45pm) it was stated that during the admission assessment the resident was able to bear weight for about 5 seconds. Per the administrator who stated she was present during the pre-admission assessment it was reported that a transfer of the resident was observed by previous caregivers and the residents feet appeared to have touched the floor.

As a result of the above information obtained during record review & staff interview it is apparent this resident was inappropriately admitted to the facility as she did not meet admission criteria at the time of admission.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910053	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grace Manor At Lake Morton, Llc	610 East Lime Street Lakeland, FL 33801	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based upon record review the facility failed to ensure that an interdisciplinary service plan was on file of 1 of 2 residents on Hospice Care.

Findings include:

A review of the record for resident #1 revealed although the resident was retained at the facility on Hospice Care the facility failed to ensure that an interdisciplinary service plan developed by Hospice, the facility & with collaboration with the resident and/or responsible party to meet the residents needs.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon record review the facility failed to ensure there was at least 1 person on duty at all times with & 1st Aid.

Findings include:

A review of the facility staffing schedule for the week of through revealed that the staff A, C, D & E scheduled to work on the 10pm to 6:00 am shift did not hold certification in &/or 1st Aid certification.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grace Manor at Lake Morton, LLC
610 East Lime Street
Lakeland, FL 33801

Dear Administrator:

Re: Revisit & **CCR# 2013012071**

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on [redacted] 21, 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 corrected relative to the revisit and the deficiencies identified relative to the complaint survey. 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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