STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968449	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hidden Lakes Living, Llc	1200 54th Ave W, Bradenton Bradenton, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three complaint surveys, CCR# 2013010988, CCR# 2013011081, and CCR# 2013011895, were conducted on / .

The Hidden Lakes Living, LLC, assisted living facility, had deficiencies at the time of the visit.

The deficiency, A 0025, was cited relative to CCR# 2013010988, CCR# 2013011081, and CCR# 2013011895.

The deficiency, A 030, was cited relative to CCR# 2013010988.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services appropriate to the needs for one (#1) of 5 residents sampled.

Findings include:

The incident/accident report dated written by the executive director was reviewed and revealed resident #1 sustained a at approximately 7:30 PM and was sent to the emergency . The report documented the dining director reported that on resident #1 had an altercation with another resident. The report documented resident #1 was pushed and he out into the hall and landed on the floor. The report documented resident #1 was taken to the emergency returned to the facility on at 2:30 AM and at that time it was reported he had a broken collar bone. The report further documented resident #1 attempted to get up and again at approximately 3:00 AM and emergency medical staff was contacted, they came in and assessed him and put him back in bed. The incident/accident form further documented the resident was sent out to the emergency 7:30 AM on / (4 and 1/2 hours later) due to resident in pain and unable to get up.

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Review of the communication log dated written by the CNA (certified nurse aide) revealed the notes documented on at 2:15 AM, resident #1 was found on the floor, paramedics were called and checked him and concluded the resident did not need to go to the hospital, later at 3:00 AM, the resident was observed on the floor again, had no noticeable injuries. The resident was covered by a blanket, a pillow placed under resident's head and he was left him there. (4 1/2 hours later, the resident was sent out to be evaluated). There was no documentation on file indicating the resident was assessed by a nurse or any other qualified staff after the .

The follow up notes related to the incident was provided by the facility. Review of the noted revealed resident #1's physician contacted the ALF on / and reported to the executive director the resident sustained a broken collar bone that would heal itself and 2 hematomas (collection of outside the), the hematomas were monitored for 24 hours and did not increase in size and there was no active .

The corporate nurse was interviewed on / 13 at approximately 4:15 PM, she stated they were not aware of the incident until the department of children and families informed them of pending investigation related to resident #1 and further stated the staff listed on the incident were terminated.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review, the facility did not prevent neglect for one (#1) of 5 sampled residents.

Findings include:

The only documentation of the incident was the communication log which revealed:
On at 7:30 PM resident #1 was found on the floor and he was transported to the hospital and reported to have a broken collar bone and two hemotomas which had been monitored for 24 hours and they had not increased in size. The resident returned to the facility on at approximately at 2:15 AM, another entry revealed resident #1 was found at 2:30 AM on the floor, paramedics were called at 2:30 AM, checked him thoroughly and concluded that he did not need to go the hospital and his wife was notified. The report further reported at 3:00 AM, resident#1 was on the floor again and since he had no noticeable injuries the staff placed a pillow under his head and covered him with a blanket and left him there. When the morning shift came in, the resident was sent out to the hospital for evaluation on at 7:30 AM. The resident was left for 4 and ½ hours on the floor.

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There were no interviews with staff because after the investigation of the incident, all of the staff involved were fired and the administrator at the time of the incident is no longer working at the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hidden Lakes Living, LLC
1200 54th Ave W, Bradenton
Bradenton, FL 34207

Dear Administrator:

Re: **CCR# 2013010988, CCR# 2013011081, CCR# 2013011895**

This letter reports the findings of three complaint surveys that were 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 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) Form