STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965363	12/12/2013
NAME OF PROVIDER OR SUPPLIER **Residences Of Brandon Memory Care**	STREET ADDRESS, CITY, STATE, ZIP CODE **1819 Providence Ridge Blvd. Brandon, FL 33511**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced extended congregate care (ECC) and limited nursing services (LNS) monitoring visit was conducted on .

The Residences of Brandon Memory Care, assisted living facility, had a deficiency at the time of the visit.

E206-ECC - Service Plans 58A-5.030(7) FAC

Based on record reviews and interviews, the facility failed to ensure that the service plan was reviewed quarterly for 1 (Resident #2) of 2 sampled residents who received Extended Congregate Care (ECC) services. The facility also failed to ensure that the residents' service plans were agreed upon by the residents or their representatives for 2 (Residents #1 and #2) of 2 sampled residents who received ECC services.

Findings include:

Review of Resident #2's ECC record revealed that she was admitted to ECC on . The resident's ECC service plan was originally signed . There was no documentation of any previous service plans or reviews.
In the interview with the director of resident services (DRS) on at approximately 3:00pm, she stated she was unable to find the resident's previous service plan.
Review of Resident #1's ECC record revealed that she was admitted to ECC on . There was documentation of an ECC service plan originally signed and quarterly reviews.
Review of Resident #1's and #2's ECC service plans revealed that their plans were not signed by the residents' representatives to indicate their agreement with the plans.
In the interview with the administrator and the DRS on at approximately 3:10pm, they acknowledged that the plans were not signed as required.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Residences of Brandon Memory Care
1819 Providence Ridge Blvd.
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) and limited nursing services (LNS) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
for Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161