STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	12/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Masonic Home Of Florida	**3201 1st Street, N.E. Saint Petersburg, FL 33704**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on .

The Masonic Home of Florida, assisted living facility, had a deficiency at the time of the visit.

N278-LNS - Records 58A-5.031(3) FAC

Based on record review, interview the facility failed to ensure a nursing assessment was conducted monthly for one (#2) of two sampled residents.

Findings include:

During an interview with staff D on at 11:30 a.m., she reported resident #2 was receiving limited nursing services.

Review of resident #2's record revealed physician orders for hose stocking to be applied daily.
Further record review revealed the last nursing assessment was conducted on .
The physician progress notes dated documented resident #2 had compression stocking.

The nurse (staff #D) reviewed the record for resident #2 on at 1:15 and stated she could not find the assessment.

During an interview with the director of nursing on at 1:35 PM, she stated she looked for them and could not find the nursing assessments.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Masonic Home of Florida
3201 1st Street, N.E.
Saint Petersburg, FL 33704

Dear Administrator:

This letter reports the findings of a 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Kaufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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