AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Nature Coast Lodge, LLP
279 North Lecanto Highway
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 5 and 6, 2013 by representative(s) of this office.

Enclosed 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 2014 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964613	12/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nature Coast Lodge, Llp	279 N. Lecanto Hwy Lecanto, FL 34461	
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
On and unannounced biennial licensure and Limited Nursing Service survey was conducted at Nature Coast Lodge Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified at the time of the survey.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on observation, interview and record review, the facility failed to follow physician ' s orders, by providing assistants with the application of compression stockings for 1 of 17 sampled residents (Resident #1).

The findings include:

1.) Observation and interview with Resident #1 on at 1:34 PM revealed that the resident was wearing compression stockings. He stated that the staff puts them on in the morning and takes them off at night.

During record review for Resident #1 it was revealed that the resident is not on the limited nursing services log. Review of Resident #1 ' s physician ' s orders dated revealed " Hold support hose until further instructed by MD. "

Interview with the DON on at 2 PM she stated that she was not aware that the resident had to be on limited nursing services for support hose. She stated that she was calling all the physicians of the residents who ordered support hose to clarify the orders because the residents were wearing them for comfort and as a part of their clothing.

Class III