STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	01/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Summit At New Port Richey	5539 Charles Street New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N275 - 58a-5.031 Fac - Lns - Licensing S-S= D

Specific Tag Findings:

0000-Initial Comments

On complaint surveys (CCR# 2013012751 and CCR# 2013013325) were completed at Summit at New Port Richey Assisted Living Facility. Summit at New Port Richey had deficient practice identified at the time of the investigation.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees (Employee A) submitted an initial statement from a health care provider that the employee is free from communicable within 30 days of employment.

Findings Include:

On a record review of employee A ' s employee file was conducted. Employee A date of hire was . Employee A had communicable and clearance statement filed but the form was not signed or dated by a health care provider.

On at 4:45 pm, an interview was conducted with the facility administrator regarding the missing signature and date on Employee A ' s medical statement, she stated "we know we need them" and stated "well we are going to get that done right away " .

Class III

N275-LNS - Licensing 58A-5.031 FAC

Based on observation and interview the assisted living facility failed to obtain a limited nursing service specialty license prior to providing limited nursing services in accordance with Rule 58A-5.015 of the Florida Administrative Code (F.A.C). The facility failed to ensure licensed staff provided assistance with to include putting on and taking off cannulas and turning on and off concentrators for 1 of 8 (resident #1) sampled residents.

Findings Include:

On at 3:09 pm an observation and interview was conducted with resident #1. Resident #1 appeared when asked about her . Resident #1 was unaware that she was on or that she had an concentrator behind her rocking chair. Resident #1 took off her nasal cannula and was on how to put the nasal cannula back on.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	01/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summit At New Port Richey	5539 Charles Street New Port Richey, FL 34653

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

On at 3:15 pm an interview was conducted with resident #9 regarding the for resident #1. Resident #9 stated, " She (resident #1) does not know much about it and the help put the on for her ".

On at 3:20 pm an interview was conducted with Employee A regarding resident #1 . Employee A stated she was a resident aide and she assisted resident #1 on a regular basis. Employee A stated " We obviously put it back on her after we get her up to go to the before I leave. " Regarding the compressor employee A stated, " when she gets up in the morning the aide turns it on. " Employee A stated, " I was told that I was allowed to do when I first started. " Employee A stated, " I just put on the cannulas for her. "

On at 3:26 pm an interview was conducted with Employee B. Employee B stated, " Sometimes the medical technicians help her with the " and " her daughter tells the medical technicians what time to put on the "

On at 3:45 pm an interview was conducted with Employee C. Employee C stated " We assist her with her " and " sometimes she forgets how to do it. " Employee C stated " usually one of the aides will flip off the compressor. "

On at 4:00 pm an interview was conducted with Resident #1 daughter. She stated her mother " is not capable of doing her herself. "

On at 4:45 pm an interview was completed with the facility administrator. The facility administrator stated she was unaware that staff were putting on, taking off and turning on and off resident #1 ' s . The administrator states the facility does not have an LNS (limited nursing service) license and does not have any nurses on staff to provide the service.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Summit at New Port Richey
5539 Charles Street
New Port Richey, FL 34653

Dear Administrator:

Re: **CCR# 2013012751 & CCR# 2013013325**

This letter reports the findings of two complaint urveys that were conducted on , 2014, 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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
(727) 552-2000; Fax (727) 552-1161