STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953263	**12/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Young At Adult Care Center	**26563 Sandhill Blvd. Punta Gorda, FL 33983**	
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 - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
An unannounced Limited Nursing Services (LNS) survey was conducted on at Young at Assisted Living Facility (ALF) in Punta Gorda, Florida. The facility census on the day of the survey was nineteen (19) residents. The survey sample totaled two (2) residents receiving LNS.

The following is a description of non-compliance:

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure a yearly freedom from statement was completed for 2 (Staff B and C) of 8 staff reviewed.

The findings include:

1. A review of Staff B's file revealed she was employed on as a Licensed Practical Nurse (LPN). File review revealed the last Communicable statement was completed on No additional freedom from documentation has been obtained since.

2. A review of Staff C's file revealed she was employed on as a direct care aide. File review revealed the last Communicable statement was completed on No further freedom from statement has been obtained since.

3. Interview with the facility Administrator on at 3:00 p.m., revealed she is aware the Testing was not completed before Staff B and C returned to Young at after medical leave. "I will call the physician and have it completed immediately."

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on observation, interview, and record review the facility failed to have monthly nursing assessments completed by a Registered Nurse (RN) for 2 (Residents #1 and #2) who are currently receiving Limited Nursing Services (LNS).

The findings include:

1. Resident #1 was admitted to LNS on Observation of Resident #1's Resident Observation Log for LNS revealed monthly nursing assessments completed on and were completed by Staff B, a Licensed Practical Nurse (LPN).

2. Resident #2 was admitted to LNS on Observation of Resident Observation Log for LNS for Resident #2 revealed monthly assessments completed on and were completed by Staff B, an LPN.

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3. Interview with Administrator on at 3:00 p.m., revealed she was aware Staff B was completing the nursing assessments for residents receiving LNS. She stated, "I didn't know the assessments had to be signed by a RN, I thought any licensed nurse could do the assessments."

4. Interview with Staff B on at 3:10 p.m., revealed she has been completing the assessments. She stated she was not aware she could not complete the monthly assessments.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Young At ..... Adult Care Center
26563 Sandhill Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey that was conducted on 2013 by a representative 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 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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