STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953263	**03/05/2014**
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)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-03/05/2014

Revisit Repeat Tags:
N278-Lns - Records-58a-5.031(3) Fac

Specific Tag Findings:
This is the unannounced follow-up to the Limited Nursing Service (LNS) survey conducted on 3/05/14 at Young at ... Adult Care Center an Assisted Living Facility (ALF) in Punta Gorda, FL.

The following is a description of continued non-compliance:

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

N278-LNS - Records 58A-5.031(3) FAC
Based on interview, record review, and observation the facility failed to conduct and maintain monthly assessments on each resident receiving Limited Nursing Service (LNS) for 2 (Residents #1 and #2) of 2 residents sampled.

The findings include:

1. On , record review of Resident #1 (receiving LNS services) revealed the Resident Observation Log had entry dates once a week or less. The latest date was . . . No Monthly Assessment notes were observed.

2. On , record review of Resident #2 (receiving LNS services) revealed the Resident Observation Log had entry dates once a week or less. The most recent observation note was dated . . . No Monthly Assessment notes were observed in the record.

3. On . . . at 2:30 p.m., Employee A stated that she didn't know that she had to have separate monthly assessments. She said that she had never been told about the monthly assessments. She stated that the observation log was all that she had. Review of the observation log revealed progress notes done occasionally.

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) Revisit Survey conducted on ... 5, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 /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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