STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967847	03/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wilson Place	117 Wilson Ave Cocoa Beach, FL 32931	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
A Biennial Survey was conducted on .

Wilson Place Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review, observation and interview the facility failed to ensure that as part of the continued residency 2 of 2sampled residents (#1 and #2) had a face to face medical examination by a licensed health care provider after the initial assessment, every three years thereafter or after a significant change whichever comes first.

Evidence:

1. Resident record review conducted for resident #1 on at approximately 1:00 PM revealed a Facility Health Assessment Form (AHCA Form 1823) dated with a diagnosis of Abnormal Gait, Osteopathic, Chronic Pain and Further review of the record revealed that the resident was admitted to hospice on

2. Resident record review conducted for resident #2 on at approximately 1:30 PM revealed a Facility Health Assessment Form (AHCA Form 1823) dated with a diagnosis of and Further review of the resident record revealed that the resident was admitted to Hospice on

Interview conducted on at approximately 2:40 PM with the administrator who stated she was not aware that the Facility Health Assessment Form (AHCA 1823) had to be updated every three years. The administrator further stated she does ask for updated AHCA 1823 forms when a resident is hospitalized or place on hospice.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967847	03/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC
Based on record review, observation and interview the facility failed to ensure that the personal record for 1 of 3sampled staff (A) contained an updated verification of freedom from [redacted] from a health care provider updated yearly.

Evidence:

Employee record review for staff A conducted on [redacted] at approximately 2:20 PM revealed a statement from a health care provider verifying freedom from [redacted] dated [redacted].

Interview conducted on [redacted] at approximately 2:40 PM with the administrator who stated that she was not aware the verification of freedom from [redacted] has to be updated yearly.

Class [redacted]

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review, observation and interview the facility failed to include a provision that informed the resident or their responsible party that residents must be assessed by a health care provider every three years or upon a significant change whichever comes first for 2 of 2 sampled residents contracts reviewed.

Evidence:

1. Resident record review conducted on [redacted] at approximately 1:30 PM for resident #1 revealed a facility contract dated [redacted] omitted from the contract is a statement informing the resident or their responsible party that a Facility Health Assessment form (AHCA Form 1823) must be completed by a health care provider upon admission and every three years thereafter or upon a significant change whichever comes first.

2. Resident Record Review conducted on [redacted] at approximately 1:20 PM for resident #2 revealed a facility contract dated [redacted] the contract omitted a provision informing the resident or their responsible party that a Health Assessment form (AHCA Form 1823) must be completed by a health care professional upon admission and every three years thereafter or upon a significant change whichever comes first.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967847	**03/11/2014**
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Interview conducted on [redacted] at 2:40 PM with the administrator who stated she was not aware that the contract required such a provision. Her contracts were developed with the assistance of their attorney in [redacted] of 2010 prior to their initial survey. She will consult with Attorney to have the provision added.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Wilson Place
117 Wilson Ave
Cocoa Beach, FL 32931

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was 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 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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