STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910091	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Lakeland	2111 Lakeland Hills Blvd. Lakeland, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014000269, was conducted on in conjunction with revisit to CCR# 2013011860, of .

The Emeritus at Lakeland, assisted living facility, had a deficiency at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure ordered medications were administered for one (#2) of 3 sampled residents for medication review.

Findings include:

Review of resident #2 revealed physician ' s order for 2013 documenting HCTZ 100-25 mg to be administered daily.

The medication observation record for the month of 2013 review revealed the medication was not administered on and and

The resident care coordinator reviewed the record for resident #2 at 2:00 PM and stated she could not find an explanation why the medication was not administered.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus at Lakeland
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

Dear Administrator:

Re: Revisit & **CCR# 2014000269**

This letter reports the findings of a state licensure survey revisit and a complaint survey that were conducted on ____ 31, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Forms, which indicates the deficiencies that were corrected relative to the revisit and the deficiency that was identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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