STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**04/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cities Pavilion	**1053 John Sims Parkway Niceville, FL 32578**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

0000-Initial Comments
An unannounced Extended Congregate Care monitoring visit was done on - in conjunction with the biennial survey, complaint survey for CCR #20104002318 and CCR #2014003389, and follow up visit to CCR 2014000564 and 2014000992 surveys done and a follow up visit to the Medicaid Program Integrity and Health Quality Assurance monitoring visit of at the Cities Pavilion assisted living facility. The Cities Pavilion had a deficiency at the time of this Extended Congregate Care monitoring visit.

E207-ECC - Services 58A-5.030(8) FAC
Based on record review and interview the facility failed to ensure a monthly nursing assessment was conducted for 1 of 1 sampled resident who receives extended congregate care services (#1).

The findings are:

During the entrance conference on at approximately 8:50AM the facility director was asked for the identity of the residents the facility was providing extended congregate care services. The facility director informed the surveyors sampled resident #1 is the only resident requiring these services at this time. Tour of the facility revealed no concerns.

Review of the chart for sampled resident #1 revealed the most recent "Monthly Nursing Assessment" was done on . Interview with the facility director on at approximately 11:20AM confirmed these findings and revealed her statement the nurse had not done the monthly nursing assessment for the month of 2014 because she was busy doing the long term care transition during that month and did not get the resident's assessment done.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

Dear Administrator:

This letter reports the findings of a state licensure extended congregate care monitoring survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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