AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 05/08/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	05/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Woodmont By Encore Senior Livi	3207 North Monroe Street Tallahassee, FL 32303	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= E

0000-Initial Comments
On an unannounced LNS monitoring survey was completed in conjunction with a revisit survey to CCR 2014001673 and two new complaints CCR 2014003769 and CCR 2014003027 at Pacifica Senior Living Woodmont. Deficiencies were cited.

N278-LNS - Records 58A-5.031(3) FAC
Based on clinical record review and staff interview the facility failed to maintain accurate records for 6 of 6 residents receiving LNS (limited nursing services). No record of residents receiving LNS was maintained and 6 of 6 residents (#1,2,3,4,5,6) did not have a monthly nursing assessment completed.

The findings are:

The facility did not maintain a record of any type that referenced residents who were receiving LNS.

A review of the clinical record for resident #1 revealed orders for hose were written /. No monthly progress notes , no monthly nursing assessment was documented in the clinical record.

A review of the clinical record for resident #2 revealed orders for at 2.5 liters /min prn and as a comfort measures a written on /. No progress notes and not monthly nursing assessment was documented in the clinical record.

A review of the clinical record for resident #3 revealed hospice does care and orders were clarified for care by hospice 3 x's week on /. No monthly progress note, no monthly nursing assessment was documented in the clinical record.

A review of the clinical record for resident #4 revealed an order was written . No progress notes and no monthly nursing assessment was documented in the clinical record.

A review of the clinical record for resident #5 revealed orders for hose were written on . No progress notes and No monthly nursing assessment was documented in the clinical record.

A review of the clinical record for resident #6 revealed orders written for hose from . No progress notes related to the use of stockings and no monthly nursing assessment was documented in the clinical record.

An interview with the director of nursing on at approximately 2:00 PM. She started employment at this facility on . She was not aware that the monthly nursing summaries/progress notes/ and LNS log was not up to date. She stated she is aware now that she has to correct this and keep it current in the future.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Woodmont By Encore Senior Livi
3207 North Monroe Street
Tallahassee, FL 32303

Dear Administrator:

This letter reports the findings of a state licensure limited nursing services (LNS) 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,

Patricia McGuire, RNC
for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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