STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967936	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heritage	608 NE 2nd Ave Okeechobee, FL 34972	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Hertiage Assisted Living Facility. The facility had a deficiency found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to ensure that a resident who had a significant change in condition, had a new medical assessment as documented on the AHCA 1823 Form for 1 of 7 sampled residents (Resident #7).

Finding include:

A review of the record of Resident #7 revealed that she was admitted to the facility on The most recent AHCA 1823 form dated documented that the resident used a walker to ambulate and was independent with toileting and transfers. Observations of the resident from the noon meal on confirmed that the resident required assistance to transfer and ambulated only with the use of a wheelchair. Further review revealed the resident was enrolled into Hospice services on There was no documentation that Resident #7 had been evaluated since (no updated AHCA 1823 form) in the resident's record to ensure the resident met the criteria for continued residency.

An interview was conducted with the Administrator on At 1:20 PM. She confirmed that Resident #7 had a significant decline in health and a significant change in her ability to conduct the activities of daily living and was unaware that a new AHCA 1823 assessment was required. The Administrator stated that she would have the resident examined as soon as possible to ensure compliance with the regulation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Heritage
608 Ne 2nd Ave
Okeechobee, FL 34972

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida