STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	06/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Abacoa, Llc (the)	1031 Community Drive Jupiter, FL 33458	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . 18th and 19th, 2014 at Allegro At Abacoa, LLC. The facility had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review, observation and interview, the facility failed to ensure that a Resident Health Assessment form (AHCA Form 1823) was accurate and complete, for 1 out of 3 sampled residents (Resident # 16) .

The findings include:

On . A record review of Resident # 16's AHCA 1823 form revealed an admission date of . and her last medical exam dated for with the following diagnosis: . . and . The AHCA 1823 does not indicate if Resident # 16 requires medication administration or if she needs assistance with medication self administration.

During observations of medication with self administration in the facility's wellness center on . . . . at 9:40 AM, observations found Resident # 16 receiving assistance from staff with self administration of medications.

In an interview conducted on . . . . at approximately 10:37 AM, the Community Director acknowledged aforementioned and stated no further information was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	06/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Abacoa, Llc (the)	1031 Community Drive Jupiter, FL 33458	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and an interview, the facility failed to ensure a resident's change in condition was addressed and followed up on with the resident's health care provider, for 1 of 3 sampled residents (Resident 4).

The Findings Include:

On Resident 4's observation notes revealed the resident "had a strong odor and a request to the resident's doctor was made for an order to have a urinalysis conducted". Record review revealed no subsequent notes indicating a response to this request from the physician's office. The Assistant Director of Nursing/Licensed Practical Nurse (LPN) was interviewed at 1:00 PM on this date. She stated she had contacted the doctor's office and no order for a urinalysis had been obtained. She was unable to show the facility had followed up with the resident's identified change in condition. This was also acknowledged during interview with the Administrator on at 11:30 AM.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and an interview, the facility failed to ensure a resident's weight was recorded at least semi-annually for 1 of 3 sampled residents (Resident #2).

The Findings Include:

On Resident 2's recorded weights were reviewed and the last recorded weight was dated 2013. The Assistant Director of Nursing/Licensed Practical Nurse (LPN) was interviewed at 1:00 PM on this date. She was unable to locate recorded weights for the resident since 2013. On the Administrator stated during interview at 10:00 AM that the last recorded weight found for the resident was dated 2014. It was acknowledged that there were no recorded weights found for this resident from 2013 to 2014.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**06/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Abacoa, Llc (the)	**1031 Community Drive Jupiter, FL 33458**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Allegro At Abacoa, Llc (The)
1031 Community Drive
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2014 by a representative from 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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