RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Springhill Assisted Living Facility
8239 Cessna Drive
Spring Hill, FL 34606

RE: CCR #2014004834 & CCR #2014005498

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Enclosed 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Springhill Assisted Living Facility	**8239 Cessna Dr, Spring Hill Fl Spring Hill, FL 34606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey CCR #2014004834 and CCR #2014005498 was conducted at Springhill Assisted Living Facility of Spring Hill, Florida on . 2014. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have a completed 1823 health assessment forms for 1 of 3 residents reviewed (Resident #8).

Findings:

1. On a record review was conducted on resident #8 1823 health assessment. It was observed that page 3 of the 5 page form was missing. It was observed on page 4, was missing the assistance with self administration of medication information.

2. On at approximately 4:45 PM during the exit interview the Administrator agreed that resident #8 health assessment was incomplete.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on interview and record review the facility failed to ensure their policy and procedures were followed by failing to conduct an elopement risk screen was completed for 4 of 4 sampled residents (Residents #1, 8, 9, and 10).

Findings:

1. Record review of the facility's Policy and Procedure entitled - Policy Title: Elopement Protocol revealed 1. Every resident will be screened prior to admission for elopement risk.

2. Record review of the chart for Residents' #1, 8, 9, and 10 revealed an elopement screen could not be located for the residents.

3. An interview conducted on at 12:28 PM with the Administrator revealed verification that an elopement risk screen was not completed for Residents' #1, 8, 9, and 10. The Administrator further **verified that**

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the Policy and Procedures for the facility is to do an elopement risk screen prior to admission.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on interview and record review the facility failed to failed to notify and return medications for 1 of 2 sampled residents within 15 days after the resident's stay at the facility ended (Resident #1).

Findings:

1. A review of Resident #1's record revealed she was discharged on . Continued review of Resident#1's record revealed there was no documentation located in the chart as to the distribution of the resident's unused medications after ending her stay in the facility.

2. On at 12:38 PM an interview was condcuted with the Administrator. The Administrator stated, "i didn't call the family of Resident #1 or the resident about coming to the facility to pick up the resident's unused medications. I had conversations with the resident's sister, but medications were not discussed. The medications were returned to the Pharmacy 30 days after the resident left the facility."

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interviews and record reviews the facility failed to file an Adverse Incident Report for 1 of of 3 residents sampled after an event which was reported to law enforcement for investigation (Reisdent #8).

Findings:

1. A review of Hernando County Sherriff's office report (201416346513) revealed on at approximately 2:00 AM Resident #8 left the facility without informing staff that he was leaving. The Hernando County's Sheriffs Office dispatched a deputy to conduct an investigation. The Sheriffs Office pinged the Resident #8's cell phone and located him at the Hard Rock Cafe Casino but was unable to recover the resident.

2. On at 3:30 p.m. an interview was conducted with the Administrator and Owner regarding the facility filing an adverse incident report. The owner said he could not remember if he filed a report or not. The administrator stated she did not file an Adverse Incident Report. The facility could not provide documentation that they had filed an Adverse Report in this incident.

Class III