STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963949	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At College Park	**5612 26th Street West Bradenton, FL 34207**	
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= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on .

Emeritus at College Park, assisted living facility, had a deficiency at the time of the visit.

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview, the facility failed to ensure a Limited Nursing Services (LNS) Monthly Nursing Assessment was reviewed and signed by a Registered Nurse for nine (Residents #1, #2, #3, #4, #5, #6, #7, #8 and #9) of nine residents reviewed for LNS monthly nursing assessments.

Findings include:

The facility provided a "LNS Book" which contained the LNS Monthly Nursing Assessment Forms for their residents on LNS which indicated the following:
- The LNS Monthly Nursing Assessments for the use of Hose and a leg brace for Resident #1 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Hose for Resident #2 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Tubigrip Stockings for Resident #3 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Knee-High Hose for Resident #4 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessment for the use of Compression Stockings for Resident #5 for , 2014, was not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Thigh-High Compression Stockings for Resident #6 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Knee-High Hose for Resident #7 for and 2014, were not signed by a Registered Nurse,
- The LNS Monthly Nursing Assessments for the use of Knee-High Hose for Resident #8 for and 2014, were not signed by a Registered Nurse, and
- The LNS Monthly Nursing Assessments for the use of Knee-High Stockings for Resident #9 for and 2014, were not signed by a Registered Nurse.

The above documentation was reviewed with licensed staff on at approximately 5:00 p.m. and agreed the LNS Monthly Nursing Assessments were not signed by a Registered Nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus at College Park
5612 26th Street West
Bradenton, FL 34207

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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