STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Four Seasons Alf	5080 Wayside Drive Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/07/2014
0161-Records - Staff-08/07/2014

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac
N277-Lns - Resident Care Standards-58a-5.031(2) Fac

Revisit New Tags:
N278-Lns - Records-58a-5.031(3) Fac

Specific Tag Findings:
0000-Initial Comments
Revisit to Limited Nursing Services monitoring visit was conducted on 8/7/14. Four Seasons Assisted Living Facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED:
Based on observation, record review and interview the facility failed to ensure staff were assigned duties that were consistent with their education for 2 of 4 sampled residents (#1 & #2).

Findings:
1. During entrance conference on at approximately 11 AM with the unlicensed caregiver, she stated there were no residents on LNS at that time. She later stated that resident #1 had a and was recently discharged from Home Health Care services and she provided the care to the

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of The resident was independent with eating and toileting and needed supervision with ambulation, dressing, bathing and transferring.

Observation on at 2:50 PM revealed the unlicensed staff provided care and changed the wafer and cleansed the surrounding area. A nurse was not available to provide care to the resident.

In an interview with the administrator on at approximately 4 PM who stated the resident was not on LNS for care.

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2. Observation of the Med Pass on at approximately 11:50 AM revealed the unlicensed staff crushed the medications for resident #2, put in applesauce and fed the resident the medication. The resident was unable to hold the spoon and feed herself the medications.

Review of the Medication Observation Record for 2014 revealed (for pain) 50 milligrams (mg) at 8 AM, 4 PM and 8 PM and (for 1 mg two tablets at 12 PM.

In an interview with the unlicensed staff on at 12 PM who stated the resident was not able to hold the spoon.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED:
Based on observation, record review and interview the facility failed to ensure when a resident received a Limited Nursing Service a physician order was obtained and a nurse was available to provide the care for 1 of 4 sampled residents (#1).

Findings:

During entrance conference on at approximately 11 AM with the unlicensed caregiver, she stated there were no residents on LNS at that time. She later stated that resident #1 had a and was recently discharged from Home Health Care services and she provided the care to the

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of . The resident was independent with eating and toileting and needed supervision with ambulation, dressing, bathing and transferring.

Observation on at 2:50 PM revealed the unlicensed staff provided care and changed the wafer and cleansed the surrounding area. A nurse was not available to provide care to the resident.

In an interview with the administrator on at approximately 4 PM who stated the resident was not on LNS.

Class III

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	AL11965786	08/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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N278-LNS - Records 58A-5.031(3) FAC
Based on observation, record review and interview the facility failed to ensure for 1 of 3 residents (#1) who received a Limited Nursing Service (LNS), nursing progress notes were maintained and monthly nursing assessments were conducted..

Findings:

During entrance conference on at approximately 11 AM with the caregiver who stated there were no residents on LNS at that time.

Resident record review revealed an Assisted Living Facility Health Assessment Forms (1823) dated that indicated diagnoses of . The resident was independent with eating and toileting and needed supervision with ambulation, dressing, bathing and transferring.

Observation on at 2:50 PM revealed the unlicensed staff provided care and changed the wafer.

There was no documentation to indicate nursing progress notes were maintained and monthly nursing assessments were conducted.

In a phone interview with the administrator on at approximately 4 PM who stated the resident was not receiving LNS services at that time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of an LNS revisit survey conducted on 7, 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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