RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Forsyth House
5887 Berryhill Rd
Milton, FL 32570

Dear Administrator:

This letter reports the findings of a state licensure 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 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965135	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forsyth House	5887 Berryhill Rd Milton, FL 32570	
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

0000-Initial Comments
An unannounced abbreviated licensure survey was conducted on [redacted] 25 and 26, 2014, at Forsyth House Assisted Living Facility in Milton, Florida. Deficient practice was found at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record reviews and interviews the facility failed to maintain a completed medical examination by a health care provider which must be recorded on the AHCA (Agency for Healthcare Administration) Form 1823, Resident Health Assessment for Assisted Living Facilities for 1 of 3 residents (#9).

The findings are:

Record review of the chart for sampled resident #9 revealed a AHCA Form 1823,C [redacted] 2010 Resident Health Assessment for Assisted Living Facility present in the chart dated [redacted]. Review of this Resident Health Assessment for Assisted Living Facility revealed the form was incomplete as it did not contain page 4 of the 5 page form. Page 4 of the form requires the health care provider to list all current medications and whether the resident requires assistance with self-administration of medications or needs medication administration. Interview and record review with the facility registered nurse who is the facility Resident Care Coordinator on [redacted] at approximately 4:45PM confirmed this page was missing from the form and was not in the resident's chart. She stated she also had a back up hard copy of the form which she keeps on all the residents and it also was missing page 4. She stated she had a request into the health care provider for this information. Interview again on [redacted] at approximately 10:00AM confirmed the facility still did not have the resident's completed 1823 but was waiting for the health care provider to provide the needed information. Review of the chart did reveal various orders for the residents medications. And the chart revealed a Plan of Care which revealed the resident needed "assist/supervise to manage medications, this however was not dated or signed by the health care provider.

Class III