STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	09/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bartram Lakes Assisted Living	6209 Brooks Bartram Dr Bldg 200 Jacksonville, FL 32258	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - E201 - 58a-5.030(2) Fac - Ecc - Policies S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care survey was conducted at Bartram Lakes Assisted Living Facility on . . . . . Batram Lakes had deficiencies found at the time of the visit.

E201-ECC - Policies 58A-5.030(2) FAC
Based on policy and procedure review and staff interview the facility failed to develop an Extended Congregate Care (ECC)policy that included admission and continued residency criteria.

The findings include:

Review of the facility ECC policy discusses the requirements for the ECC supervisor. The specific services listed are total help with bathing, dressing, ... and toileting, nursing assessments conducted more frequently than monthly, measurement and recording of basic vital functions and weight, dietary management (special diets, food and liquids intake and output), assistance with self - administration, medication administration and treatments, supervision of residents with . . . . . and . . . . . , provide or arrange rehabilitation services through home health or outpatient . . . . . any additional services per the service plan and consistent with the ECC regulations. The policy did not state any of the criteria for admission and continued residency .

On . . . . . at 9:40 AM a interview with the (Director of Nursing) DON revealed a pricing card that lists a few services that are provided by the facility, not the criteria for admission and continued residency. She stated that admission and residency criteria is what's required in our policy, we will add it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bartram Lakes Assisted Living
6209 Brooks Bartram Dr Bldg 200
Jacksonville, FL 32258

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2014 by a representative 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 surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

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