STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964665	09/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Palm Harbor	2895 Tampa Road Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag 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 service (LNS) monitoring visit was conducted on .

Arden Courts, assisted Living facility, had a deficiency at the time of the visit.

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

Based on interview and record review the facility failed to ensure two (#1, 2) of 2 residents receiving Limited Nursing Services (LNS), with a facility census of 53 residents, had monthly nursing assessments that were current.

Findings include:

Limited Nursing Service (LNS) record reviews were conducted with the RN Resident Services Coordinator (RSC) for the two (#1, 2) residents receiving LNS services on . at 10:20 a.m. The following concerns were identified:

- Resident #1 received LNS care every 5 days and as needed for a . The monthly nursing assessment for . 2014 was not found in the LNS record book or in the resident's medical record.

- Resident #2 received LNS care for the continuous administration of as a rate of 2 liters per minute per physician orders. The monthly nursing assessments for 2014 and 2014 were not found in the LNS record book or in the resident's medical record.

The RSC conducted a search through the LNS record book and the residents' medical records and stated "I thought they had been done but I guess not. I do not know what happened...I cannot find them."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Arden Courts of Palm Harbor
2895 Tampa Road
Palm Harbor, FL 34684

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

Tricia Reid Kaufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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