RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residences Of Lecanto
4865 West Gulf To Lake Highway
Lecanto, FL 34461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 **2014** 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residences Of Lecanto	4865 West Gulf To Lake Highway Lecanto, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial survey and Extended Congregate Care monitoring visit was conducted on and Deficient practice was identified at the time of the survey.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record reviews and interviews the facility failed to ensure 2 of 4 staff members reviewed, received and Related training (ADRD) with in 3 months of hire (staff A and B).

Findings:

On a record review was conducted on facility advertisement brochure. It was observed that the facility holds itself out to the public as a memory care unit that specializes in the care of residents that have and memory care needs.

On a record review was conducted on direct care staff A and B's employee records. A review of the records revealed staff A hired date on Further review of staff A's record revealed there was no documentation in her training record showing she had received her ADRD level I training as of this survey date. A review of direct care staff B's employee record revealed she was hired on Further review revealed there was no documentation in her training record that showed she had received ADRD level I training as of this survey date.

On at approximately 2:00 PM an interview was conducted with the Administrator regarding the ADRD level I training for staff A and B. She stated that staff A and B were scheduled to take the ADRD training next week and she thought the facility had 6 months to provide that training after they were hired.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record reviews and interviews the facility failed to ensure that the number of hours of the training program were on the training certificates for 3 of 3 staff members (staff A, B and C).

Findings:

On during a record review of training records for direct care staff A, B and C it was observed that none of the training certificates issued by the facility had the required number of hours listed on the certificates.

On at approximately 3:30 PM the Administrator was asked why the training certificates for staff members A, B, and C did not have the number of training hours on the their certificates. The Administrator stated

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that the program does not print the certificates with the number of hours.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on interviews and observations, the facility failed to maintain mechanical and electrical call pendent's in good working order for 1 of 13 residents sampled (resident #8).

Findings:

On at 2:50 PM resident #8 was observed using electronic call pendent. Resident #8 pressed the alert button on the call pendent and waited for a staff member to respond. No staff member responded after waiting for 20 minutes. On at approximately 1:39 PM it was observed that resident #8 pushed her call pendent and no one responded.

On at 2:50 PM a resident interview, was conducted with resident #8 in reference to her call pendent not working. She stated she had a couple months ago and she attempted to use her call pendent and no one responded.

On at approximately 3:00 PM an interview was conducted with the Resident Care Director in reference to resident #8's call pendent not working. He stated the call pendent's were working. He then attempted to demonstrate how the pendent worked, without success. He stated the pendent was suppose to send a signal to care center in the nurses station and then to a staff members phone. He stated the nurses' station is not manned and the phone alert failed. On at approximately 3:00 PM the Resident Care Director stated the call pendant system was not working as it should and the facility was possibly going to discontinue the call pendant program.

Class III