RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
ALF of Pomona Park, Inc.
422 Pleasant Street
Pomona Park, FL 32181

**RE: CCR #2014008302**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968597 | 10/09/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Alf Of Pomona Park, Inc | 422 Pleasant St Pomona Park, FL 32181 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

**Specific Tag Findings:**

0000-Initial Comments

An unannounced complaint survey, CCR #2014008302, and a Limited Nursing Services monitoring survey were conducted on , 2014 at the ALF of Pomona Park, an assisted living facility in Pomona Park, FL. Deficient practice was identified at the time of the survey.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on observation, interview and record review, the facility failed to ensure authorization from a provider for care for 1 of 5 sampled residents (Resident #1) and failed consistently document to document the care that was provided to Resident #1 by a staff member.

Findings:

On at 10:23 AM Resident #1 was observed with a care dressings on his left foot.

On at 10:23 AM an interview was conducted with Resident #1. He stated the nurse working at the facility comes in several times a week to change the dressing on to for the adiabatic on his left foot. He stated the nurse sprays the with spray, wipes it down, puts an solution on it, and puts gauze wrap on it.

On at 10:47 AM the Administrator was interviewed. The Administrator revealed Resident #1 gets dressing changes by the facility LPN to keep his out of the dirt. The Administrator verified there were no orders for care treatment, ointment, or dressing changes. The Administrator further stated there were no notes from the LPN documenting the dressing change except the one on She further stated there is not a Registered Nurse employed by the facility for the LNS (limited nursing services) assessments or supervision.

A review of Resident #1's health assessment (AHCA form 1823), dated revealed: A medical history and diagnoses: Left foot foot of the left foot, , status post of the left foot abscess. Further review of the health assessed showed service requirements as: Treatment to left foot: dressing care. The Special precautions were listed as: technique. Additional comments/observations: noted: A able to change own dressings. Signed by the physician's assistant.

A review of Resident #1 facility notes revealed on the facility's LPN noted the dressing change was done, the cleaned and an application of to the foot. This note was signed by the facility's LPN.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on observation interview and record review, the facility failed to consistant maintain nursing progress notes for a resident receiving limited nursing services (LNS) in the facility for 1 of 1 resident recieving LNS services (Resident #1).

Findings:

On at 10:23 AM Resident #1 was observed with a care dressings on his left foot.

On at 10:23 AM an interview was conducted with Resident #1. He stated the nurse working at the facility comes in several times a week to change the dressing on to for the on his left foot. He stated the nurse sprays the with spray, wipes it down, puts an solution on it, and puts gauze wrap on it.

On at 10:47 AM the Administrator was interviewed. The Administrator revealed Resident #1 gets dressing changes by the facility LPN to keep his out of the dirt. The Administrator verified there were no orders for care treatment, ointment, or dressing changes. The Administrator further stated there were no notes from the LPN documenting the dressing change except the one on She further stated there is not a Registered Nurse employed by the facility for the LNS (limited nursing services) assessments or supervision.

A review of Resident #1's health assessment (AHCA form 1823), dated revealed: A medical history and diagnoses: Left foot foot of the left foot, status post of the left foot abscess. Further review of the health assessment showed service requirements as: Treatment to left foot: dressing care. The Special precautions were listed as: technique. Additional comments/observations: noted: A able to change own dressings. Signed by the physician's assistant.

A review of Resident #1 facility notes revealed on the facility ' s LPN noted the dressing change was done, the cleaned and an application of to the foot. This note was signed by the facility's LPN. There was no other documentation of care. There were no other progress notes for care for this resident. There were no monthly assessment.

Class III