

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964082	(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER Austin House (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 Van Dyke Road Lutz, FL 33548	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

Assisted Living Facility

An abbreviated biennial licensure survey was conducted on 10/2

... Austin House had deficiencies found at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review & staff interview 1 (#11) of 1 sampled residents medical examination did not state the resident was appropriate for an assisted living facility.

Findings Include:

A review on 10/2... the health assessment (1823) for resident #11 who was admitted on ... it was noted in section C. item 5 that the resident requires 24 hour nursing or psychiatric ... In the comments column next to this section the health care provider wrote that the resident is "unable to perform care on herself".

During interview with the administrator (1pm) she said that the resident is able to assist with care & is not total care. She will contact the physician for clarification. She said the 1823 completed prior to the residents admission was done by another physician, rather than the residents current health care provider.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon record review & interview the facility failed to maintain a written record, updated as needed concerning health changes for 1 (#11) of 1 resident reviewed.

Findings Include:

A 10/2... of the record for resident #11 revealed that although progress notes were on file (in Spanish) when the administrator interpreted the notes there was no mention of the resident having a 5 lb. weight loss from 11/2... 7/12... with the administrator at 1:15 pm revealed that the resident is being given ensure twice daily although not prescribed by her health care provider, rather it was a request of the residents husband.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Austin House (the)
1011 Van Dyke Road
Lutz, FL 33548

Dear Administrator:

This letter reports the findings of a biennial state licensure survey 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 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 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 **Paul Brown**, HFES, at 272-552-2000.

Sincerely,

for Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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