RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus at Barrington Place
2341 West Norvell Bryant 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,

Hayes

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963839	(X3) DATE SURVEY COMPLETED 10/20/2014
NAME OF PROVIDER OR SUPPLIER **Emeritus At Barrington Place**	STREET ADDRESS, CITY, STATE, ZIP CODE **2341 W. Norvell Bryant Highway** **Lecanto, FL 34461**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced biennial licensure survey was conducted at Emeritus At Barrington Place Assisted Living Facility in Lecanto Florida. Deficient practice was identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have an accurate health assessment for 1 of 2 residents records reviewed (resident #11).

Findings:

On resident #11's facility record was reviewed. The record review showed resident #11's health assessment (page 4) states he needs assistance taking his medication. The physician circled the section which states resident #11 needs medication administration.

On at approximately 3:40 PM an interview was conducted with the facility Wellness Director. She stated that there was a clarification order in the residents record stating that the resident needed assistance with self-administration and not administration of medication. The Director was asked to locate the order and she could not. She was asked if the health assesment (AHCA form 1823) was incorrect and she stated yes because the resident receives assistance with medication and not administration of medication.

Class III