RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lexington Park
930 Highway 466
Lady Lake, FL 32159

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 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,

Kriste V. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	10/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lexington Park	930 Highway 466 Lady Lake, FL 32159	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities

Specific Tag Findings:

0000-Initial Comments

On an unannounced Change of Ownership with Extended Congregate Care Services survey was conducted at Lexington Park Assisted Living Facility in Lady Lake, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation and interview, the facility failed to provide a sanitary environment for dining for all residents in the memory care unit including (residents #11, 12 and 13.)

Finding:

An observation on at 12:20 PM, revealed a person bringing a dog into the dining area of the memory care unit where Residents # 11, #12 and #13 were dining.. The dog was observed to be not on leash and moving about the diners. At 12:24 PM a resident, who was seated and eating her meal, was observed to reach down and the dog and then pick up a roll with the same hand and eat it.

An interview with the Licensed Practical Nurse (LPN) on at 12:28 PM, in the memory care unit, revealed she did not know whether it was okay for a dog to be in the dining meals and she would find out.

An interview with the facility Administrator on at 1:36 PM, revealed animals should not be in any of the dining during meals.

Class III