RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Osprey Lodge
1761 Nightingale Lane
Tavares, Florida 32778

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 , **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. 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
	AL11968349	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Osprey Lodge	1761 Nightingale Ln Tavares, FL 32778	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care licensure survey was conducted on , 2014 at Osprey Lodge Assisted Living and Memory Unit. Deficient practice was identified at the time of the visit.

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and staff interviews , the facility failed to ensure that the Extended Congregate Care (ECC) designated nurse received training in ECC within 6 months of employment.

Findings:

Record review revealed that the ECC designated nurse was hired on .

Interview with the Lodge Health Director (LHD) on at 11:10 AM stated that the designated Extended Congregate Care (ECC) Nurse, Registered Nurse is also a Corporate nurse. LHD stated that the ECC Nurse comes once a month and more often if needed. She stated that ' s she does the clinical assessment for all residents receiving ECC services. Lodge Health Director produced a typewritten letter from the ECC nurse, signed and dated that reads: I, (name of nurse), serves as the Registered Nurse designee for Osprey Lodge ECC services. My license number is RN 9201456, Expiration date: 2015.

Review of the ECC designated registered Nurse personnel file did not reveal that she received any training on Extended Congregate Care services. Further interview with the LHD confirmed that the RN designee did not receive an ECC training and stated; "she should have taken that training"

Telephone interview with the RN ECC designated nurse on at 2:10 PM confirmed that she is the ECC nurse for the facility. When asked how often does she comes to the facility, she replied, "when there was no Director of Nursing, I was there almost every day, then weekly". She stated that she is the Regional Director of Clinical Services for the company. She stated that she conducts resident care assessments with interdisciplinary team members and progress notes for ECC residents. When asked if she had the ECC training, she replied; " I did not know that I am supposed to take that training".

Class III