STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953263	01/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Young At ... Adult Care Center	26563 Sandhill Blvd. Punta Gorda, FL 33983	
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:
These are the results of a Biennial and Limited Nursing Service (LNS) survey conducted on ... through ... at Young at ... Adult Care Center, an Assisted Living Facility located in Punta Gorda, Florida.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview facility failed to obtain a complete Health Assessment (AHCA Form 1823) for 1 (Resident#3) out of 2 sampled residents.

The findings include:

Record review for Resident #3 found that she was admitted to the Assisted Living Facility on ... Further review revealed that the only Health Assessment on file for the resident was dated ... The Assessment did not include the list of all current medications prescribed, whether or not resident needed assistance with her self administration of her medication, or the address and telephone of the examiner.

Furthermore, Resident #3 was under Hospice Care and required ... as needed due to ... The only assessment on file did not indicate that resident was under Hospice Care and that she received ... due to ...

During interview on ... at 10:50 a.m. the Administrator acknowledged that Health Assessment for Resident #3 was incomplete.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Young At Adult Care Center
26563 Sandhill Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) state licensure survey that was conducted on 5 through 6, 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehaweer, RN
Acting Field Office Manager

JS
Enclosure: State Form

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