RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Springs of Lady Lake, The
620 Griffin Avenue
Lady Lake, FL 32159

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 , **2015** 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,

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965130	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Springs Of Lady Lake (the)	620 Griffin Ave. Lady Lake, FL 32159	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E205 - 58a-5.030(6) Fac - Ecc - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

On , 2014 an unannounced Extended Congregate Care Monitoring survey was conducted at The Springs at Lady Lake Assisted Living Facility located in Lady Lake, Florida. Deficient practice was identified at the time of the survey. The facility was not in compliance.

E205-ECC - Health Assessment 58A-5.030(6) FAC
Based on interview and record review the facility failed to ensure a completed health assessment was conducted before 1 of 2 residents received Extended Congregate Care (ECC) services (Resident #1) .

Findings:

A review of Resident #1's AHCA Form 1823 dated showed the resident was receiving services for care on the left heel. The AHCA Form did not specify the stage of the , or whether the resident required 24 hour nursing or care.

A review of Resident #1's service plan showed the resident was being monitored for the left heal (apply skin prep), medication administration and activities of daily living.

During the interview with Resident #1 on at 1:40 p.m. he stated that he received ECC services for the that was on his foot but it has gotten better.

During the interview with the administrator on at 2:30 p.m. she stated Resident #1 is receiving Extended Congregate Care (ECC) services for an to the left arm. Continued interview with the administrator revealed that the facility failed to update the AHCA Form for the new services that are being provided.

Class III