RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Spring Hill
10440 Palmgren Lane
Spring Hill, FL 34606

RE: CCR #2014010137

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 and , 2015 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 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,

Karen L Faulstein RNC for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Spring Hill	**10440 Palmgren Ln Spring Hill, FL 34606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced re-licensure survey was conducted on , 2014 and , 2015 at Spring Hill Assisted Living. Deficient practice was identified at the time of the survey.

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review, the facility failed to maintain 1 of 5 medical records on the premises for surveyor to review (Res. # 2).

Findings:

Surveyor requested from the Health Wellness Director (HWD) on at 11:00 AM a list of residents medical records that included Res. # 2. At 1:30 PM, Surveyor still has not received Res. # 2's records. The HWD presented 2 documents to the Surveyor. One is a chain of custody letter on a letterhead from (name of Corporate Lawyer). The chain of custody letter was signed by the Executive Director on , 2014.

Interview with the ED on at 2:15 PM stated that the company lawyer has custody of the original medical records and stated no copies were made for the facility. Resident # 2 's medical record is not available to the surveyor and no copy was maintained on premises. Executive Director concurred that she is aware residents' medical records should be retained on the premises and should be available for review when needed. She added to say; that is why I saved the email and a copy of the chain of custody letter from the Corporate lawyer. At 2:00 PM, ED stated that the medical records of Res. # 2 could be delivered to the facility in two hours from St Petersburg, Florida. At 4:00 PM on the medical records is still not available for review.

Class III