RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residence of Clermont
1600 Hunt Trace Boulevard
Clermont, FL 34711

Dear Administrator:

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

Kristie 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
	AL11965833	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence Of Clermont	1600 Hunt Trace Boulevard Clermont, FL 34711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care Service and Limited Nursing Services monitoring survey was conducted at Residences of Clermont in Clermont, Florida on 2015. Deficient practice was identified at the time of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on interview, observation, and record review the facility failed to ensure a safe living environment by failing to follow there policy on the storage of portable tanks for 1 of 2 sampled residents (Resident #1).

Findings:

An observation was conducted during the tour on at 9:26 AM in the common living area in the memory care unit and and it showed there was a small tank that was sitting free standing in front of an concentrator. An employee was observed picking up the tank and placing it behind the concentrator. This surveyor asked the employee if the tank was supposed to be stored free standing behind the concentrator. The employee, who was identified as Staff C, LPN (Licensed Practical Nurse) stated, "No", and that she was going to take the tank to the resident's storing.

An observation was conducted on at 9:27 AM of the LPN taking the portable tank to Resident #1's The portable tank was placed in the closet of the the standing. There were five additional medium size portable tanks, and one large portable tank observed stored in the closet free standing.

An interview was conducted on at 9:29 AM with Staff C and she stated the tanks should be stored in a rack. I have to order a rack for these tanks. I don't know why a rack wasn't provided. The supply companies know they have to supply a rack for the tanks to be stored in.

An observation was conducted on at 9:30 AM of the DON (Director of Nursing) and it showed she entered Resident #1's I observed the tanks free standing in the closet of the

An interview was conducted on at 9:31 AM with the DON and she verified there was one small portable tank, the one removed from the common living area, five medium portable tanks, and one large tank being stored free standing in the The DON verified the tanks should not be free standing and should be placed in a rack for secure storage.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence Of Clermont	1600 Hunt Trace Boulevard Clermont, FL 34711	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Record review of the Residences, Inc. - ECC/LNS (Extended Congregate Care/License Nursing Services) Policy and Procedures titled "Administration of (ECC)" showed on page 2 #6. d. Make sure that the tank is in an approved stand to prevent rolling or accidental The in these tanks are under high pressure. If the tank over and the valve stem breaks, the pressure is released, causing the tank to be propelled like a projectile.

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on interview and record review the facility failed to ensure a service plan was updated quarterly for a resident receiving ECC (Extended Congregate Care) services for 1 of 2 sampled residents, Resident #1.

Findings:

Record review of the service plan for Resident #1 showed the service plan was completed on and was noted with Daughter aware of services dated Reviews were completed by the nurse on and The service plan was not updated quarterly with the agreement of the Resident or the Resident's designee.

An interview was conducted on at 2:39 PM with the DON (Director of Nursing) and she verified the service plan for the resident was reviewed by the nurse on and but was not updated and agreed upon by the Resident or the Resident's designee.

Class III

E207-ECC - Services 58A-5.030(8) FAC
Based on interview and record review the facility failed to ensure a monthly assessment was completed by a Registered Nurse (RN) for a resident receiving Extended Congregate Care (ECC) services for 1 of 2 sampled resident. Resident #1.

Findings:

Record review of the ECC/LNS (Extended Congregate Care/Limited Nursing Services)Preliminary or Monthly Nursing Evaluation showed an evaluation was completed and signed by the LPN (Licensed Practical Nurse)on and was not co-signed by the RN.

An interview was conducted on at 2:38 PM with the DON (Director of Nursing) and she stated verification the evaluation completed for Harold Ward by the LPN and signed and dated on had not been co-signed by the RN.

An interview was conducted on at 3:12 with the Registered Nurse that oversee ECC/LNS and she stated I was not aware that I did not co-sign the ECC/LNS Preliminary or Monthly Nursing Evaluation form for Resident #1 that was completed by the LPN on It must have been an over sight on my part.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965833	**02/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence Of Clermont	**1600 Hunt Trace Boulevard Clermont, FL 34711**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of the Policy and Procedure titled "Responsibilities for ECC/LNS RN" showed under 2. Oversees that the LPN establishes acceptable medical criteria for admissions by evaluation of the resident and careful review of Agency for Health Care Administration approved health evaluation forms. Under 4. Trains LPN in evaluation process and reviews work completed to ensure that all resident needs are identified and that appropriate planning for those needs are being met. Signs off on evaluation or progress note to approve completed work.

Class III