



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Summerfield Suites, LLC, Assisted Living
17421 Southeast 109 Terrace Road
Summerfield, Florida 34491

Dear Administrator:

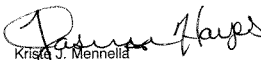
This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

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(s). Should you have any questions please call this office at (386)462-6201.

Sincerely,


Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER Summerfield Suites L.L.C. Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 17421 Southeast 109th Terrace Road Summerfield, FL 34491	
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
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care Service and Limited Nursing Service Monitoring Survey was conducted at Summerfield Suites in Summerfield, Florida on 01/20/2015. 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.

E205-ECC - Health Assessment 58A-5.030(6) FAC

Based on interview and record review the facility failed to ensure Health Assessments were completed for residents on ECC (Extended Congregate Care) for 1 of 4 sampled residents, Resident #4.

Findings:

Record review of Resident #4's chart showed a physician's order dated 01/20/2015 for the Resident to be placed on ECC for anti-emetic (hose) on in the morning and off at night.

Record review of the Resident's chart showed a health care assessment was not completed to reflect the Resident's change in condition and the physician's order for (hose).

An interview was conducted on 01/20/2015 at 1:30 PM with the ECC Supervisor and she verified a health assessment was not completed for the Resident.

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 completed for residents receiving ECC (Extended Congregate Care) for 1 of 4 sampled residents, Residents #1, and the facility failed ensure a preliminary service plan was completed prior to admission to ECC for 1 of 4 sampled residents, Resident #2. The facility further failed to ensure service plans were updated quarterly for residents receiving ECC for 1 of 4 sampled residents, Resident #3.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964875	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER Summerfield Suites L.L.C. Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 17421 Southeast 109th Terrace Road Summerfield, FL 34491	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

1) Record review of Resident #1 's chart showed a physician 's order dated _____ for the Resident to be placed on ECC for OTC (over the counter) Compression Stockings to _____ legs; knee high - on in the morning and off at night for _____.

Record review of the Resident 's chart showed a service plan had not been completed for the resident.

2) Record review of Resident #2 's chart showed a physician 's order dated _____ to place the Resident on ECC, to clean the left side of the face with soap and water, followed by application of _____ and cover with Telfa.

Record review of the Resident 's chart showed a preliminary service plan was not completed for the resident.

3) Record review of Resident #3 's chart showed a physician 's order dated _____ for the Resident to be placed on ECC for _____ pubic _____ care.

Record review of the Resident 's service plan showed the service plan was last updated on _____.

An interview was conducted on _____ at 11:32 AM with the ECC Supervisor, LPN (Licensed Practical Nurse) and she verified a service plan was not completed for Resident #1, and a preliminary service plan was not completed for Resident #2.

An interview was conducted on _____ at 1:30 PM with the ECC Supervisor and she verified the service plan for Resident #3 was last updated on _____.

Class III