RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residences of Lecanto
4865 West Gulf To Lake Highway
Lecanto, FL 34461

RE: CCR #2014011861

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,

Kris J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	03/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residences Of Lecanto	4865 West Gulf To Lake Highway Lecanto, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey was conducted on at Residencies of Lecanto. Deficient Practices were identified at the time of the survey.

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC
Based on observation, record review and interview, the facility failed to provide the resident needed assistance for for 1 of 3 sampled resident (#1).

Findings:

An observation at 11:02 AM on showed the toenails on her right and left feet were extremely long.

A review of the record for resident #1 revealed she was admitted to the facility A review of her Resident Health Assessment for Assisted Living Facilities (1823) dated revealed her status was stated as "alert, oriented to self, Further review revealed resident #1 requires assistance with activities of daily living (ADL). specifically she needs assistance for ambulation, bathing, dressing, self care toileting and transferring.

During an interview with the Licensed Practical Nurse (LPN) at 11:03 AM on she stated the resident #1's toenails are too long and could be uncomfortable and cause the resident discomfort. She confirmed the resident is not on the podiatrist list to be seen and that a mistake was made when the facility changed podiatrist because they failed to include resident #1 for toenail trimming.

An interview with the resident #1's daughter on at 2:03 PM revealed she was not aware her mother's toenails were not trimmed by the podiatrist as she thought that was occurring on a monthly basis. She further stated it would be acceptable for the facility beautician to cut her mother's toenails.

Class III