STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911636	**03/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At Cypress Village, The	**4600 Middleton Park Circle, E. Jacksonville, FL 32224**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2015000759, was conducted on , 2015. The Inn at Cypress Village had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and staff interview, the facility failed to provide adequate supervision of a resulting in progression to cellulitus skin for 1 of 3 resident's reviewed. (Resident #1)

The findings include:

A review of the medical/clinical record for Resident #1 revealed that Resident #1 in her apartment on resulting in a to the left lower leg. A note dated in Resident #1's chart found that a dressing was applied to her left lower leg on the date of the A nurses note in Resident #1's chart dated at 6:46 PM read "resident admitted to (hospital) for to left leg." Resident #1's chart revealed that the resident was readmitted to the skill nursing unit of the retirement community on The Admission form read "leg cellulitus left lower leg and "here for left leg

A further review of Resident #1's medical record revealed no documentation, other than the one nursing note on the date of the , that the resident's condition and health were monitored. A review of Resident #1's Health Assessment (1823) revealed that she required assistance with bathing and dressing.

During an interview with the Assisted Living Manger on at 5:10 PM by phone, she stated she searched for documentation from through to determine if the was treated or evaluated. She stated she was unable to find documentation the was assessed or that treatment was provided.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
The Inn At Cypress Village
4600 Middleton Park Circle, E.
Jacksonville, FL 32224

RE: CCR #2015000759

Dear Administrator:

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

Attached 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

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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