RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweetwater at Duck Pond ALF, LLC
207 NE 7th Street
Gainesville, FL 32601

Dear Administrator:

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

for

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
	AL11968220	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SWEETWATER AT DUCK POND ALF LLC	207 NE 7TH ST GAINESVILLE, FL 32601	

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

0000 - Initial Comments

On an unannounced Extended Congregate Care monitoring survey was conducted at Sweetwater at Duck Pond Assisted Living Facility in Gainesville, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observations and interviews the facility failed to display the required phone numbers for lodging complaints in full view in a common area accessible to all residents for 9 or 9 residents.

Findings:

On at approximately 10:15 AM during a tour of the facility it was observed that the required Ombudsman number, hotline number, Rights number, or Agency Hotline number, were not observed posted in either of the two buildings on the property where residents reside.

On at approximately 10:45 AM direct care staff B was asked if she could show where the above required numbers were posted in the facility. She stated she did not know that it was a requirement for the above numbers to be posted, then she proceeded to look for the required numbers and could not find them posted in the facility buildings.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record reviews and interviews the facility failed to have documentation of a current annual negative exam for 2 of 2 staff members reviewed (staff A and B).

Findings:

On a record review was conducted on the Administrator (date of hire and direct care staff B (date of hire for documentation. There was no current documentation in the Administrator's records showing he had a negative exam. During a record review of staff B it was observed that she had a chest X-ray dated clearing her of any signs and symptoms of

On at approximately 11:35 AM an interview was conducted with staff B in reference to her current exam. She was asked if she had a current exam signed by a physician and she stated she had a physical. Staff B could not provide any current documentation showing she was negetive for

On at approximately 12:59 PM an interview was conducted with the Administrator by phone. He was

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advised that there was no documentation in his records showing he had a current negative exam. The Administrator stated he had a current chest x-ray and he would fax it to the Area office when he gets back to the facility. As of no fax was received from the Administrator showing his exam was in compliance.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record reviews and interviews the facility failed to provide annual 2 hours of continuing assistance with self-administration of medication training for 1 of 1 staff members (B).

Findings:

On during a record review of staff B's training records it was observed she had a 4 hour Assistance with Self-Administration of Medication certificate dated However there was no documentation showing she received 2 hours of continuing education in assistance with self-administration of medication for the year 2014 or 2015.

On at approximately 12:35 PM an interview was conducted with staff B in reference to her continuing 2 hour medication training. She stated the last course she took on assistance with self administration of medication was on She stated she did a 1 hour update on line but it was not taught by a registered nurse or a pharmacist.

Class III