RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residences of Lecanto
4865 West Gulf to Lake Highway
Lecanto, Florida 34461

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 , **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
	AL11968372	**03/23/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Extended Congregate Care Services and Limited Nursing Services monitoring survey was conducted at Residences of Lecanto in Lecanto, 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.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on interview and record review the facility failed to ensure a Service Plan was reviewed quarterly for a resident receiving ECC (Extended Congregate Care) services for 1 of 2 sampled residents, Resident #1. The facility further failed to ensure the Resident or the Resident's representative or designee agreed upon the Service Plan for a Resident receiving ECC services for 1 of 2 sampled residents, Resident #2.
Findings:
1. Record review was conducted of the Service Plan for Resident #1 and it showed the Service Plan was not reviewed quarterly for of 2014, and of 2015.
2. Record review was conducted of the Service Plan for Resident #2 and it showed the Service Plan was dated The form did not contain a signature for the Resident or the Resident's representative or designee as having agreed upon the Service Plan.
An interview was conducted on at 2:14 PM with the Director of Resident Services and the Administrator and they verified the Service Plan for Resident #1 had not been reviewed quarterly, and the Service Plan for Resident #2 had not been signed by the Resident or the Resident's representative or designee as having agreed upon the Service Plan.

Class III