STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	02/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EMERITUS AT LAKE MARY	150 MIDDLE STREET LAKE MARY, FL 32746	

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

0000 - Initial Comments

Complaint Investigation # 2014010263 in conjunction with Complaint Inspection #2014010483 and the revisit for the re-licensure Survey was conducted on _____. Emeritus at Lake Mary had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview the administrator failed to monitor the continued appropriateness of placement 1 of 12 (#12) sampled residents and retained the resident who required total care with bathing, dressing and _____ and could not ambulate.

Findings:

During staff interviews on _____ it was revealed that resident #12 would not at times assist with bathing, dressing and _____ and could not ambulate or transfer.

Record review for resident #12 revealed a Resident Health Assessment form 1823 dated _____ that noted diagnosis that included _____ and

Further record review revealed the following notes:
_____ alert and oriented x 3. Resident continues to roll out of bed and is observed on the floor. Complained of lower extremities pain and unable to bear weight. Resident will require 2 person assist with transfers and Activities of Daily Living (ADLs). Resident refuse to even help assist staff with transfer, ambulate, _____ She just refuse to help. Staff in-serviced with ADLs, transfers an increased level of care."
_____ refuse to help assist with ADLS and allow staff to do ADLs. Resident Require 2-3 person assist with Transfers."

Observations on _____ at approximately 3 PM with the resident care director present and another staff. They both moved resident #12 from her wheel chair to the bed. During the transfer the staff moved the resident; Resident did not assist at all by moving her feet during the transfer. She could not pivot. The resident care director stated the resident had a dropped foot and could not move one of her feet.
Another Observation on _____ at 4:45 PM-revealed two staff took the resident in the _____ transfer her in the wheelchair. The resident grabbed the grab bar. The staff told her to stand. She stood; the two staff lifted her under her arms and moved her to the toilet. The resident did not move her feet again. The resident stated at the time that she could not move her feet because her leg was giving her problems that day.

The resident care director stated on _____ at 4:50 PM that the resident assisted with transfers. Sometimes she could not because of her dropped foot. She stated the Resident transferred better in the mornings.

During an interview with the administrator on _____ at approximately 5 PM, she stated that the resident at times

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0010 Continued From page 1

could assist with her transfers and was not total care with ADLs.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Emeritus At Lake Mary
150 Middle Street
Lake Mary, FL 32746

RE: CCR #2014010263

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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