STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	03/30/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLEET LANDING	ONE FLEET LANDING BOULEVARD ATLANTIC BEACH, FL 32233	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring survey was conducted at Fleet Landing in Jacksonville, Florida on , 2015. A LNS licensure deficiency was identified at the time of the survey.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and staff interview the facility failed to ensure that Limited Nursing Services (LNS) was provided only as authorized by a health care provider's order, a copy of which must be maintained in the resident's file for 1 of 2 sampled residents receiving LNS. (Resident #1)

The findings include:

A review of Resident #1's clinical record revealed that Resident #1 was receiving Limited Nursing Services, however there was no physician's order for LNS.

A interview with the LNS Supervisor at 2:14 p.m. revealed that she was unaware that a physician's order was required for receipt of Limited Nursing Services. She stated that she thought the only requirement was a physician's order for the service that was to be provided.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Fleet Landing
One Fleet Landing Boulevard
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care and Limited Nursing Services 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

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

JG/JM/sm
Enclosure

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