STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911320	**05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUMMER TIME LODGE, INC	**909 NORTH WYMORE ROAD WINTER PARK, FL 32789**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health Services (LMH) was conducted on . . . . . Summer Time Lodge, Inc., 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 record review and interview the facility failed to ensure all residents met the criteria for continuing residency in the facility for 1 of 12 sampled residents (#3).

Findings:

Resident record review for resident #3 revealed an Assisted Living Facility Health Assessment Form (1823) updated on . . . . . that indicated diagnoses of and . The 1823 indicated the resident had a communicable . . . . . that could be transmitted to other residents and staff. The comments stated the resident had .

There was no documentation to review that indicated the facility had contacted the health care provider regarding the resident's appropriateness for placement in the facility.

In an interview with the nurse on . . . . . at approximately 2 PM who stated she was not aware the resident's 1823 stated that he had a communicable . . . . . .

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record that the health care provider was contacted of significant changes, which resulted in medical attention for 2 of 3 sampled residents (#1 and #3).

Findings:

1. During an interview with Resident #1 on at approximately 10 AM, he stated he was hit by another resident, he sustained an injury and had to get stitches. He further stated the police was called and the resident was . . . . . .

Record review for resident #1 revealed a facility incident report that noted on PM-"patient had a fight with fellow resident Isaiah Davis. Was hit by another resident with Guitar and choked him too. Cops came at 6:45 PM and . . . . . the resident." The section that noted whether the physician was notified was left blank. Type of injury noted a laceration. Further Record review for Resident #1 revealed facility notes that documented the following: . . . . . PM-patient had a fight with fellow resident Isaiah. Was hit by the resident's guitar and

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0025 Continued From page 1

choked by him too. Was brought to hospital by paramedics.
11 PM-7 PM-came back with discharge papers.

There was no documentation found in the record to confirm that the facility had notified the Health Care Provider regarding the resident being sent to the hospital.

During an interview with the Administrator on at 12:15 PM, she confirmed the staff did not document the health care provider was contacted.

2. Resident record review for resident #3 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and

Review of facility notes revealed on during the 7-3 PM shift, the resident felt and went to the hospital. The resident's sugar was up at that time.

There was no documentation to review that indicated the physician and family had been notified.

In an interview with the nurse on at approximately 2 PM who stated the family was notified and it was not documented and the physician was not notified.

Class III

L241 - LMH - Records - 58A-5.029(2) FAC

Based on observation and interview the facility failed to maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents.

Findings:

On at approximately 9:00 am during the entrance conference the administrator identified 75 residents on the census of 86 that receive Limited Mental Health (LMH) services

Review of the Admission/Discharge log revealed no mental health residents. The log contained the names of all the residents residing at the facility, along with the date of admission, where they came from, the date of discharge (if applicable) and where the resident was discharge to. The log did not provide any indication of which residents were mental health residents. The mental health residents were not clearly identified.
On at approximately 11:30 am in an interview with the administrator she stated she did not identify the mental health residents on the admission/discharge log.
Class

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

Z821 Continued From page 2

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110, FAC

Based on record review, adverse incident reports and interview the facility failed to submitted an Adverse Incident report when 1 of 3 sampled residents (#1) was [redacted] by another Resident and Law Enforcement was called.

Findings:

During an interview with resident #1 on [redacted] at approximately 10 AM, he stated he was hit by another resident, he sustained an injury and had to get stitches. He further stated the police was called and the resident was [redacted]

Review of the facility's Adverse Incident Reports revealed there was no Report found for the incident that was reported to Law Enforcement.

During an interview with the administrator on [redacted] at approximately 11 AM, she stated there was no adverse incident report submitted for the above incident.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Summer Time Lodge, Inc
909 North Wymore Road
Winter Park, FL 32789

RE: Biennial w/LMH

Dear Administrator:

This letter reports the findings of a state licensure 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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