RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arc of Putnam County Inc
2901 Kennedy Street
Palatka, FL 32177

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,

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
	AL11966404	**04/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARC OF PUTNAM COUNTY INC	**2901 KENNEDY STREET PALATKA, FL 32177**	

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

0000 - Initial Comments

On unannounced biennial licensure survey was conducted at The ARC of Putnam County Assisted Living Facility in Palatka Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interview the facility failed ensure health assessments were completed as instructed and failed to obtain omitted information in writing or orally from the health care provider for 2 of 2 residents sampled for a record review (resident #7 and #8).

Findings:

A reviews of resident #7's facility files revealed a health assessment (AHCA form 1823) dated Further review of the health assessment for resident #7 revealed the resident requires assistance with bathing, dressing and self care An explanations of the extent and type of assistance resident #7 requires with bathing, dressing and self care was omitted. The health assessment revealed resident #7 requires assistance with all self care task. An explanations of the extent and type of assistance resident #7 requires with self care task was omitted. Information regard if resident #7 requires self-administration of medication, assistance with the self-administration of medications or the administration of medication was omitted.

A review of resident #8's health assessment revealed the resident requires assistance with bathing. An explanations of the extent and type of assistance resident #8 requires for bathing was omitted from the health assessment. Further review revealed resident #8 requires assistance with all self care task. An explanations of the extent and type of assistance resident #8 requires with self care task was omitted from the health assessment.

On at approximately 1:45 PM an interview was conducted with the facility manager in reference to the missing information from resident #7 and #8 health assessments. She stated she did not realize the information was missing and that she would contact the doctor immediately and have them fill in the information.

Class III