STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965713	**05/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOUTHLAND SUITES OF LAKELAND	**4250 LAKELAND HIGHLANDS RD LAKELAND, FL 33813**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY.

Southland Suites of Lakeland had one deficiency found during this visit.

A complaint investigation (CCR#20150001313) was conducted on [redacted].

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based upon record review & staff interview the facility failed to ensure a Day 1 report was filed for resident #6 within 1 business day of an event.

Findings Include:

A review on [redacted] revealed that on [redacted] Resident #6 experienced a [redacted] resulting in a [redacted] of small toe. Although an in-house report was completed a Day 1 report was not. The Administrator said during interview at 1:50 pm that she would file a Day 1 report now for the past event.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Southland Suites Of Lakeland
4250 Lakeland Highlands Rd.
Lakeland, FL 33813

RE: CCR #20150001313

Dear Administrator:

This letter reports the findings of a complaint 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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