RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Springhill Assisted Living Facility
8239 Cessna Drive
Spring Hill, FL 34606

RE: CCR #2015003788

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	**05/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SPRINGHILL ASSISTED LIVING FACILITY	**8239 CESSNA DR, SPRING HILL FL SPRING HILL, FL 34606**	

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

0000 - Initial Comments

On an unannounced biennial licensure and complaint survey, 2015003738, was conducted at Spring Hill Assisted Living Facility in Spring Hill, Florida. Discernible deficiencies were identified as a result of the licensure survey. The facility was not in compliance at this time for the licensure survey only.

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

Based on record reviews and interviews the facility failed to obtain omitted information for 1 of 3 resident health assessments(resident #12).

Findings:

On a record review of resident #12's health assessment was conducted. the review revealed the required comments for activities of daily living were omitted (page 2). The comments for self-care tasks were omitted (page 3). Information regarding the the type of assistance resident #12 requires with medications was omitted. The information for the physician completing the assessment was omitted.

On at approximately 2:27 PM an interview was conducted with the Administrator and Manager regarding the omitted information from resident #12 1823 health assessment. The Administrator stated resident #12 just came back from the hospital and she did not know the assessment was incomplete.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations interviews and record reviews the facility failed to ensure 1 of 3 staff members received the required 4 hours of assistance with self-administration of medication training provided by a registered nurse or licensed pharmacist prior to assuming the responsibility of assisting residents with their medications (staff A).

Findings:

On at approximately 2:00 PM direct care staff A was observed assisting residents with the self-administration of medication.

On at approximately 2:55 PM an interview was conducted with staff A. During the interview staff A was asked if she had the 4 hr assistance with self-administration medication training, and she stated yes. She also stated she took her 2 hr update earlier this year.

On a record review was conducted on staff A's training records. It was observed on she took an online medication management course from Institute for Professional Care Education which staff A and the facility

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manager were saying was her assistance with self-administration training. There were no hours on the certificate and no professional license number.

On at approximately 11:16 AM an interview was conducted with the Manager regarding the online medication certificate. She was asked if there was any other documentation showing that staff A received the 4 hour assistance with self-administration of medication training from a licensed nurse or pharmacist. She stated she became the facility manager in 2014 and when she asked staff A if she received the training she said yes, but that was the only training certificate she had for staff A for the 4 hour medication training .

On at approximately 11:26 AM an interview was conducted with staff A. She stated when she came to work at the facility the former Administrator asked her to do the online class then observed her assist residents with their medication. Staff was asked if the Administrator was a registered nurse or pharmacist and she stated she didn't think so.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record reviews and interviews the facility failed to list the monthly rate in residency agreements for residents 2 of 2 residents (resident #7 & 11).

Findings:

On record reviews were conducted on resident #7 and resident #11 residency agreements. It was observed that in the resident monthly payment amount for both resident #7 and #11 was zero.

On at approximately 2:47 PM the Administrator/owner was asked why were the resident monthly rates left at zero and not listed. She stated because they both get Optional Supplement Security and at the time of the contract she did not know how much the amount would be so she left the contract with a zero amount.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record reviews and interviews the facility failed to provide Limited Mental Health training (LMH) within 6 months of employment for 2 of 3 employees reviewed after (staff A & C).

Findings:

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On during a record review of direct care staff A's and C's training records there was no LMH training documentation. Documentation revealed staff A was hired and had been working in the facility for more then 10 months. further review revealed staff C was hired and had been working in the facility for more than a year.

On at approximately 11:13 AM an interview was conducted with the facility manager regarding the missing LMH training documentation for staff A and C. She stated she knew that neither staff did not have the training and she has scheduled them to take the training on

Class III