STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	R 06/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUMMERHAVEN ASSISTED LIVING, LLC	520 LANYARD LANE DE BARY, FL 32713	

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

0000 - Initial Comments

An unannounced follow-up to the licensure survey was conducted on Summerhaven Assisted Livin had deficiencies found at the time of the visit.

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

Based on record review and staff interview the facility failed to have completed Resident Health Assessments for 3 out of 3 sampled residents (Residents #1, #2, & #3)

The findings include:

1) Record review for Resident #1 revealed she was admitted to the facility on . Review of section 2 part B of the Resident Health Assessment was not documented if the resident required assistance with medications, if she needed assistance with self-administration of medications or needed medication administration. Section C, the date of the assessment, was left blank by the Medical Examiner.
During an interview on at 11:35 am with the Administrator he confirmed that section 2 part B of the Health Assessment did not state if the Resident needed assistance with medications or what type of assistance with medications Resident #1 needed. He also confirmed that the medical examination date was blank.

2) Record review for Resident #2 revealed she was admitted to the facility on Review of the health assessment section 2 part B documented the resident needed assistance with medications. Both boxes were checked off that the resident needed assistance with self administration of medications and needed medication administration.
During an interview on at 11:45 am with the Administrator he confirmed that both boxes were checked instead of one or the other, regarding the type of assistance with medications that Resident #2 required.

3) Record review for Resident #3 revealed he was admitted to the facility on Review of section 2 part B of the Resident Health Assessment was not marked to determine if the resident needed assistance with medications, needed assistance with self administration of medications or needed medication administration.
During an interview on at 11:55 am with the Administrator he confirmed that section 2 part B of the Health Assessment did not state if the resident needed assistance with medications or if the resident needed assistance with self administration of medication or medication administration.

Class III

0029 - Resident Care - Nursing Services - 58A-5.0182(5) FAC

Based on record review and staff interview, the facility failed to have licensed staff monitor vital signs and parameters for 1 out of 3 sampled Residents. (Resident #3).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	R 06/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUMMERHAVEN ASSISTED LIVING, LLC	520 LANYARD LANE DE BARY, FL 32713	

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

0029 Continued From page 1

The findings Include:

Record review for Resident #3 revealed he was admitted to the facility on . His medical history included general status alert and oriented. Further record review revealed a physician order for 3.125 milligrams (mg) daily and to hold of less than 90.
Employee record review revealed that Employee A had a hire date of 1/1/2010 and had a job description as a caregiver.
During an interview on at 10:4 with the Administrator he stated that Employee A and himself, both unlicensed staff, have been taking Resident #3's and following the parameters for assisting with self administration of 3.125 mg daily.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the facility failed to follow the requirements for physical by using full side rails for 1 out of 5 Residents residing in the facility (Resident #2).

The findings Include:

During a tour of the facility on at 9:30 am Resident #2's bed was observed having full side rails.
Record review of Resident #2 revealed she was admitted to the facility on . Further record review of her 1823 health assessment revealed under Nursing/treatment service requirement: 1/2 side rails for positioning and transfer, also to reduce rusk for . Further record review revealed a Physician order dated read 1/2 side rails.
During an interview with on at 9:45 with Resident #2's private caregiver she confirmed that the full side rails were used and they were both in the up position when she came to work at 7 AM.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967538	A. Building B. Wing	6/1/2015

Name of Facility	Street Address, City, State, Zip Code
SUMMERHAVEN ASSISTED LIVING, LLC	520 LANYARD LANE DE BARY, FL 32713

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0051 Reg. # 58A-5.0185(2) FAC LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 06/01/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Dana Meyers	Date: 6/4/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: _____

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Summerhaven Assisted Living, LLC
520 Lanyard Lane
DeBary, FL 32713

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (904) 798-4201.

Sincerely,

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

PM/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida