Separator Page

Assisted Living Facility

SPRING HILLS HUNTER'S CREEK - File: 11965480

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965480	06/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SPRING HILLS HUNTER'S CREEK	3800 TOWN CENTER BLVD. ORLANDO, FL 32837	

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

0000 - Initial Comments

Relicensure survey with Limited Nursing Service was conducted on . . . . . Spring Hills Hunters Creek 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 interview, the facility failed to ensure that a Resident Health Assessment form 1823 was completed for 1 of 3 sampled residents 60 days prior to admission or within 30 days after Admission (#1).

Findings:

Record review for resident #1 revealed she was admitted on . . . . . A Resident Health Assessment form was dated . . . A Resident Health Form was not found in the record dated 60 days prior to admission or 30 days after admission.

During an interview with the Resident Care Director on . . . . . at approximately 2 PM, he stated he could not locate the Resident Health form 1823 for resident #1 that was completed 60 days prior to admission or 30 days after Admission.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview, the facility failed to have evidence that 1 of 4 sampled staff received the required in-service training before hire and within 30 days of hire (B).

Findings:

Personnel file review for staff B, hired in . . . . . as a Direct Care Staff, revealed a certificate dated . . . . . for a 1 hour Assistance With Activities of Daily Living in-service Training. Documentation to confirm she had received a 3 hours training that included resident behavior and needs and providing assistance with the activities of daily living was not found in the personnel file.

During an interview with the Business Officer manager on . . . . . at 3 PM, she stated she could not locate a 3 hours training that included resident behavior and needs and providing assistance with the activities of daily living f or staff B.

Class III

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0162 Continued From page 1

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observations, record review and interview, the facility failed to ensure that 1 of 3 sampled residents who received assistance with the activities of daily living (ADLs) had her weight recorded semi-annually (#2).

Findings:

During the entrance conference the administrator identified resident #2 as being under the care of hospice care and Limited Nursing Services.

Observation on [redacted] at approximately 10 AM found the resident in the bed with family visiting.

On [redacted] at approximately 10 AM, a family member of the resident stated that staff assisted the resident with all ADLs as she was bed bound and under hospice care.

Record review for resident #2 revealed a health assessment report dated [redacted] that listed diagnoses of [redacted] aneurysm with 6 centimeters of descending [redacted] porcine valve replacement, [redacted] and generalized [redacted]. She needed assistance with all ADLs. Her weight taken on [redacted] was 129 pounds. The hospice records did not reveal any evidence that a weight was taken every 6 months thereafter, due [redacted].

On [redacted] at approximately 3:50 PM, the director of resident care said weights were not done since the resident became bed bound. She said hospice residents are not weighed.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview, the facility failed to ensure that limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file, for 1 of 3 sampled residents (#2).

Findings:

During the facility entrance interview on [redacted] at approximately 9:15 AM, resident #2 was identified as receiving LNS for the application and removal of [redacted].

Observation on [redacted] at approximately 10 AM found resident #2 in her [redacted]. The [redacted] was set at 3 liters per minute. She had a brace to the left knee as well.

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SUMMARY STATEMENT OF DEFICIENCIES
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N277 Continued From page 2

Resident record review, including nursing progress notes, revealed a health assessment report 1823 dated . . . . that indicated . . . at 2 liters per minute via nasal cannula and hospice care. Continued review revealed a healthcare provider's order for a soft brace.

On . . at approximately 4 PM, the director of resident care validated the findings and stated he was unable to locate the order for . . . at 3 liters per minute.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on observation, interview and record review, the facility failed to ensure that complete nursing progress notes per 58A-5.0131 FAC were maintained for 1 of 3 sampled residents who received limited nursing services (LNS) (#2).

Findings:

During the facility entrance interview on . . . . at approximately 9:15 AM, resident #2 was identified as receiving LNS for the application and removal of . .

Observation on . . at approximately 10 AM found resident #2 in her . . . . The . . was set at 3 liters per minute. She had a brace to the left knee as well.

On . . . . at approximately 10 AM, the resident's family member stated nursing staff assisted the resident with the . . . and the brace. The family said they removed the . . . occasionally.

Record review, including nursing progress notes, revealed a health assessment report 1823 dated . . . . that indicated . . at 2 liters per minute via nasal cannula and hospice care. A healthcare provider's order of . . . . . 4 indicated a soft brace. Monthly nursing summaries from . 2014 to . . 2015 indicated the nurses assisted the resident with her . . . needs. Nursing summaries dated from . . . . . 2014 to . . 2015 read that the resident had the brace on. There were no nursing progress notes that indicated that the . . . setting and the tubing were checked, whether the concentrator was switched to portable, if the resident had . . . , if the . . . . cannula was placed correctly or adjusted, if water was added to the concentrator, the general status of the resident's health, any deviations, any contact with the resident's physician/hospice, and the time, signature and credentials of the nurse.

On . . . . at approximately 4 PM, the director of resident care validated the findings and stated the nurses did not write a note each time they provided LNS.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Spring Hills Hunter's Creek
3800 Town Center Blvd.
Orlando, FL 32837

RE: Relicensure w/LNS

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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