STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965661	**06/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SPRING HILLS LAKE MARY	**3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746**	

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

0000 - Initial Comments

Relicensure survey was conducted on . . . . . Spring Hills Lake Mary had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record that the health care provider and family was contacted of significant changes, which resulted in medical attention for 1 of 3 sampled residents (#2).

Findings:

Resident #2's medical record revealed electronic notes which read:
On . . . . . at 12:20 AM "this nurse was called down to residents . . . . . I was told by private and staff caregiver that resident was observed . . . a vast amount. Resident was also observed with . . . . . , and shaking."
On . . . . . at 7:54 AM - "resident admitted to (name of hospital noted) for
On . . . . . at 2:53 PM - "resident came back from the hospital via non emergency transfer."
Further record review did not reveal documentation found to confirm that the physician and family/representative was notified of the hospital admission.

During an interview with the resident care director on . . . . . at approximately 2 PM, he stated the staff did not document that the family and health care provider was contacted.

Class . .

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

Based on observations, record review and interview, the facility failed to ensure it honored the resident's rights to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy, and failed to ensure the use of . . . . . was limited to half-bed rails for 2 of 3 sampled residents (#1 & 2).

Findings:

1. Observations on . . . . . at approximately 10 AM noted the bed of resident #1 had a full rail on the left side of the bed. A note posted by the cabinet, dated . . . read, "Hello everyone - please assist (resident) with activities of daily living as needed. She has some activity intolerance due to changes in health status....check on every 2 hours and document." The note was posted on the outside door of the cabinet where anyone who entered the . . . . . easily see the note.

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0030 Continued From page 1

Record review revealed a health assessment report 1823 dated . . . that listed diagnoses including . . . . . high . . . and hearing loss. The review did not reveal evidence of any order for the use any bed rails obtained by the health care provider.
In an interview with the Health and Wellness Director on . . . at approximately 3 PM who stated after he searched, he was unable to locate an order for any bed rails.

2. Observations on . . . . . at approximately 11 AM revealed resident #2's bed had half rails. During an interview with the resident at the time, she stated she could not remove the half-rails without assistance.

Record review for resident #2 did not reveal a physician's order for the half-rails.

The resident care director was asked to provide the half-rail order from the physician but it was never provided.

Class III

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

Based on interview and personnel record review, the facility failed to provide or arrange for 2 of 5 sampled staff to have the mandated in-service training (B & E).

Findings:

1. Personnel record review for staff B revealed she was hired . . . . . The review revealed no evidence to confirm she received an in-service training regarding a 3 hour in-service training for resident behavior and needs, and providing assistance with the activities of daily living. There was no evidence she was a certified nursing assistant (CNA) exempt from this training.

Personnel record review did not contain any evidence to confirm a 1 hour in-service training regarding emergency procedures, adverse/incident reporting, and a 1 hour in-service regarding safe food handling. There was no evidence she attended the ALF (assisted living facility) Core training to be exempt from the safe food handling in service training.

On . . . . . at approximately 3 PM, the human resources staff stated she was unable to locate any additional documentation.

2. On . . . . . at approximately 1:30 PM, when asked for the personnel record for staff E, the executive director provided a one page contract dated . . . . . where staff E agreed to be the facility's registered nurse (RN) for Limited Nursing Services (LNS). No other documentation was available. There was no evidence staff E attended an in-service training regarding the facility's elopement policy and procedures, a 1 hour in-service regarding emergency procedure including chain of command, and incident and adverse reporting.

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

0081 Continued From page 2

The personnel record did not contain evidence that she attended a 1 hour in-service training regarding resident rights and recognizing , neglect or . The record did not contain evidence that she attended the ALF Core training, therefore making her exempt from this training.

In an interview on at approximately 1:30 PM, the Executive Director stated there was no other documentation for the nurse except the contract.

Class III

0082 - Training - - 58A-5.0191(3) FAC

Based on personnel record review and interview, the facility failed to ensure 1 of 5 sampled staff attended a one-time training regarding (E).
Findings:
On at approximately 1:30 PM, when asked for the personnel record for staff E, the executive director provided a one page contract dated where staff E agreed to be the facility's registered nurse for Limited Nursing Services (LNS). No other documentation was available. The personnel record did not contain any evidence she attended a one- time training regarding

In an interview on at approximately 1:30 PM, the executive director stated there was no other documentation for the nurse except the contract.
Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility maintained a secure area and provided special care for persons with and related (ADRD), failed to ensure that 2 of 5 sampled staff who had regular contact with persons with and Related obtained 4 hours of initial training entitled and Related Level I training within 3 months of employment (A & E).

Findings:

1. On at approximately 1:30 PM when asked for the personnel record for staff E, the Executive Director provided a one page contract dated where staff E agreed to be the facility's RN for Limited Nursing Services. No other documentation was made available. There was no evidence she or Related (ADRD) received all the mandated training that included and Related level 1.

In an interview on at approximately 1:30 PM, with the Executive Director who stated there was no other

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0086 Continued From page 3

documentation for the nurse except the contract.

2. Personnel record review for staff A, the administrator, hired on , revealed he had regular contact with persons with and related but did not attend the core training program between 20, 1998 and 2003. The personnel record did not contain evidence to confirm that he had obtained 4 hours of initial training entitled and Related Level I Training" within 3 months of employment.

On at approximately 3 PM, the business office manager stated she thought staff A was exempt because he attended core. Review of the administrator's record revealed he attended core training on , which was not during 1998 and 2003 which would have satisfied the requirement.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to have ensure 1 of 5 sampled staff who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding (E).

Findings:

On at approximately 1:30 PM, when asked for the personnel record for staff E, the executive director provided a one page contract dated where staff E agreed to be the facility's registered nurse for Limited Nursing Services. No other documentation was made available. There was no evidence she attended and received at last one hour of training in the facility's policies and procedures regarding

On at approximately 1:30 PM, the executive director stated there was no other documentation for the nurse except the contract.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care of the residents.

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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0152 Continued From page 4

Observations of the facility on [redacted] at approximately 10 AM noted the carpet in [redacted] resident #10 was dirty and stained. On [redacted] at approximately 10:30 AM, the sister of the resident stated the facility was home like "Except for the dirty carpet. I told them last week and today again."

Observations during the medication pass on [redacted] at approximately 12 PM noted the carpet in [redacted] resident #2 was dirty and stained.

On [redacted] at approximately 3 PM, the administrator offered no comment but wrote it down.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview, the facility failed ensure that personnel record for 1 of 5 sampled staff records contained all the mandated documentation (E).

Findings:

On [redacted] at approximately 1:30 PM, when asked for the personnel record for staff E, the executive director provided a one page contract dated [redacted] where staff E agreed to be the facility's registered nurse for Limited Nursing Services. There was no evidence to confirm she provided the facility a healthcare provider statement to confirm communicable [redacted] including freedom from [redacted] A copy of her nursing license was not available for review.

On [redacted] at approximately 1:30 PM, the Executive Director stated there was no other documentation for the nurse except the contract.

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) (#1).

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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N278 Continued From page 5

During the facility entrance interview on at approximately 9:30 AM, resident #1 was identified as receiving LNS for the application and removal of .

Observations during the facility tour on at approximately 10 AM found resident #1 in her . The was set at 3 liters per minute.

On at approximately 11 AM, the resident stated the nurses assisted the resident with the .

Resident record review revealed a healthcare provider's order dated that indicated at 2 liters per minute via nasal cannula, as needed and at 2 liters minute via nasal cannula at bedtime. There were no nursing progress notes that indicated the setting and the tubing were checked, whether the concentrator was switched to portable, if the resident had , if cannula was placed correctly or adjusted, if water was added to the concentrator, the general status of the residents health, any deviations, any contact with the resident's physician/hospice, and the time and signature and credentials of the nurse.

The medication observation record (MOR) also listed at 2 liters per minute via nasal cannula as needed and it was marked as given on at 0142 had a staff's initials.

In an interview with the Health and Wellness Director, a licensed practical nurse (LPN) on at approximately 2 PM, she stated that nursing documentation was on the MOR.

Review of the 2015 MOR revealed the was listed as 2 liters per minute at bedtime for - start date . The MOR contained a check mark and a set of staff initials.

On at approximately 2:30 PM, the LPN Health and Wellness Director stated that nursing progress notes were not maintained.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on personnel record review and interview the facility failed to ensure 2 of 5 staff whom was in a role that required a background screening, did not have any disqualifying offenses and allowed the two staff to work before the screening was retrieved/reviewed from the background screening clearinghouse (C & E).

Findings:

1. On at approximately 1:30 PM, when asked for the personnel record for staff E, the executive director provided a one page contract dated where staff E agreed to be the facility's registered nurse for Limited Nursing Services.

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Z815 Continued From page 6

On , at approximately 1:30 PM, the executive director stated there was no other documentation for the nurse except the contract. When asked if a background screening had been done and available, the executive director said he would go pull it now. He provided a screening result printed , six months after date of hire.

2. Personnel record review for staff C hired on , did not reveal a Level II Background Screening result available for review.

On , at 2 PM, the business office manager stated staff C needed to have a level II background screening conducted.

Review of the Agency's website on at 2:30 PM, revealed "New Screening was required" for staff C.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Spring Hills Lake Mary
3655 W. Lake Mary Blvd.
Lake Mary, FL 32746

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 and send 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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