STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	07/15/2015
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on , in conjunction with a complaint survey, CCR# 2015005640.

The Spring Haven Retirement Community, assisted living facility, had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based upon record review the facility failed to ensure that an updated written record was maintained for 2 #12 & #17) of 3 resident's reviewed.

Findings Include:

1. During interview on at approximately 10:30 a.m. with the facility LPN, she stated that resident #17 had a pressure on his left . Per record review resident #17 was admitted on with a diagnosis of , Parkinson's, .

Further review of the record for resident #17 revealed documentation on file in the facility electronic "charting notes" that on the MD wrote an order for Home Health Care (HHC) to evaluate for care.

On the resident was evaluated for admission to Hospice Care, during this evaluation the assessment notes (Appropriateness Evaluation) " left ". The Hospice nursing -initial/updated comprehensive assessment also noted , left . On / the Hospice nursing-initial/Updated comprehensive assessment notes" pressure on " & in section referring to interventions states ", on -drsg. dry & clean".

The facility's own electronic charting notes dated 2:26 p.m. indicates "general note; has open on his left and one on his open. Both wounds are Hospice notified". The only other facility progress note referring to the pressure on & open on left was on same date of at 2:26 p.m. which states assisted him with letting him do his own cream until Hospice comes" .

No further information was documented in this resident's facility record with regard to the status of the residents' pressure , monitoring of his condition or interventions initiated by the facility to prevent

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the worsening of the pressure areas & further contact with Hospice.

During observation of the pressure by the RN surveyor at 4:40 p.m. on it was determined at this time it that the was excoriated.

2. During an 11:30 a.m. interview with resident #12 she indicated she had been sent to the hospital with in the last few months for food she obtained from eating chicken wings & collard greens. The resident went on to say she was very sick, adding I was in the hospital for 24 hours & my granddaughter did not get a call. During interview with the facility nurse, she said that the resident was actually sent to the hospital for a stomach , not food . During a focused review of the electronic progress notes record for resident #12 there was no reference to the hospitalization. The only reference found pertaining to a stomach issue was the hospital emergency record dated indicating medications prescribed for nauscea & an MD order dated for 4mg. 1 3 times daily as needed for / . The facility nurse checked the facility thinned file (approximately 3:30 p.m.) & informed the surveyor that she found no charting/notes related to the residents stomach & hospitalization.

Class III

0160 Records - Facilitv

Based upon record review, the facility did not have a satisfactory Sanitation Inspection report from the local county health department.

Findings Include:

A review of the last facility county health department inspection report dated revealed that the report noted "unsatisfactory" results due to findings of roaches & lack of cleanliness in specified resident .

Class III

0165 Risk Mamt & QA: Adverse Incident Report

Based upon interview & record review the facility failed to ensure that a Day 1 report was filed within 1 business day of an occurrence for 1 (#18) of 3 residents reviewed.

Findings Include:

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review of the record & in-house incident report for resident #18 revealed the resident on the sidewalk outside the facility & was sent to the hospital on . According to hospital records the resident had a orbital floor . During interview with facility management staff (approximately 5 p.m..) it was verified that a Day 1 report was not filed with the agency for this incident.

Note: A Day 1 report was submitted to the agency on and a copy was faxed to the area office to correct above deficiency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Spring Haven Retirement Community
1225 Havendale Blvd NW
Winter Haven, FL 33881

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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Kaufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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