STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911325	**07/28/2015**
NAME OF PROVIDER OR SUPPLIER **HPLS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **300 EAST KALEY AVENUE** **ORLANDO, FL 32806**	

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

0000 Initial Comments

The biennial re-licensure survey with Limited Nursing Services was conducted on . . . . HPLS had a deficiency found at the time of the visit.

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#1) contained all the required components that included semi-annual weights.
Findings:
During the entrance on at approximately 9AM, the administrator identified resident #2 as being under the care of hospice. The resident was observed in bed and was non-verbal.
Resident record review revealed a health assessment report 1823 dated that listed diagnoses of . She was non-verbal, bedridden, total care -on hospice. She was admitted to hospice on / / . The review revealed no evidence the facility obtained the resident' weight every 6 months, as per requirement. The hospice notes indicated that on / her / / MMA 10 and on MMA 18. A hospice doctor's order dated / indicated No safe to weight patient could cause injury or distress per diagnoses. Vitas patient Use MMA to measure progress/decline. Hospice order indicated weight evaluation - weight every 6 months.
In an interview with the administrator on at approximately 2 PM who stated hospice brought in a scale but was broken, so they returned it and they did not bring another one.
She was given the opportunity to reach hospice and get written documentation that they had 1 scale available and it was broken. The administrator was to submit an electronic mail (e mail) to the Agency representative by closing on . An e mail was not received.
In a telephone interview with the administrator on / at approximately 12 PM who stated the resident had not been weight as of yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
HPLS Assisted Living Inc
300 East Kaley Avenue
Orlando, FL 32806

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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