RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Terrace At Ivey Acres
3964 Florida Ave
Jay, FL 32565

Dear Administrator:

This letter reports the findings of a state licensure survey (LNS monitoring) 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968119	08/06/2015
NAME OF PROVIDER OR SUPPLIER **TERRACE AT IVEY ACRES AL**	STREET ADDRESS, CITY, STATE, ZIP CODE **3964 FLORIDA AVE** **JAY, FL 32565**	

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

0000 Initial Comments

LNS monitoring
An unannounced Limited Nursing Services monitoring visit was conducted at Terrace at Ivey Acres assisted living on . Deficient practice was found at the time of the survey.

N277 LNS - Resident Care Standards

Based on staff interview and record review the facility failed to maintain orders for Limited Nursing Services (LNS) for 1 of 2 (#2) residents in the his clinical file.

The Findings are:
A review of the LNS book supplied by the Director of Nursing (DON) failed to reveal an order to apply compression pump to lower extremities for Resident #2. The resident does have a medication observation record (MOR) indicating he is to have the compression pump to lower extremities once daily for 1 hour Monday through Friday.
The Director of Nursing (DON) was interviewed on at about 10:45 am. When she was asked to provide the order for the pump from Resident #2's medical provider she supplied this surveyor with an information folder. She confirmed this was not an order. She also stated the resident has been receiving LNS services since 2015 for the pump.
Class III

N278 LNS - Records

Based on staff interview and record review for residents receiving limited nursing services (LNS) the facility failed to complete monthly nursing assessments for 2 of 2 residents (#1 and #2).

The Findings are:
Resident #1's information for LNS services were reviewed. There is an order for Resident #1 to receive compression stockings to lower extremities Monday - Friday dated . A further review of the record revealed progress notes for the resident . There were no observed monthly assessments completed.
Resident #2 is receiving compression pump to lower extremities once daily for 1 hour Monday-Friday. His file also has progress notes. There are no monthly assessments completed.
An interview was conducted with the director of nursing (DON) regarding the monthly assessments on about 10:40 am . She stated, "I have the progress notes in place. I send the notes to the physician for signature but they do not always send them back. I did not know a monthly assessment needed to be completed."

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Class III