RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Heidi's Haven Lady Lake
39106 Grays Airport Road
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manger

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966142	08/17/2015
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN LADY LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **39106 GRAYS AIRPORT ROAD** **LADY LAKE, FL 32159**	

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

0000 Initial Comments

An unannounced Change of Ownership/Biennial licensure survey was conducted at Heidi's Haven Lady Lake Assisted Living Facility in Lady Lake, Florida on , 2015. Licensure deficiencies were identified as a result of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to ensure 1 of 6 sampled residents remained free from physical (Resident #3).

Findings:

During the initial tour of the facility on from 9:15 AM to 9:30 AM, Resident #3 was observed in bed. The resident's left side of the bed was observed to be against the wall of the . The resident's right side of the bed was observed to have a raised full side rail.

A record review of the medical record for Resident #3 revealed a physicians order for "full bedrails" dated and signed by Resident #3's primary physician.

An interview was conducted with the Administrator on at 2:00 PM. She stated that Hospice stated that the side rails are used for safety because the resident keeps rolling to her side. The administrator confirmed that the physicians order stated full rails but with no reason. The Administrator further stated that she was told that the resident kept rolling out of bed. The Administrator also stated that she is unaware of any other interventions that were tried to prevent the resident from rolling out of bed.

An interview was conducted with Resident #3's Registered Nurse with Hospice on at 1:43 PM. She stated that Hospice did not order full side rails for the resident. She stated that the facility requested an order for side rails from Resident #3's primary physician because she kept rolling out of bed.

An interview was conducted with the Administrator on at 2:30 PM. She stated that she thought that Hospice had ordered the side rails. She confirmed the physician's order on file was signed by Resident #3 primary physician, not the hospice physician.

Further review of the medical record did not reveal documentation of a history of Resident #3 rolling out of bed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review the facility failed to ensure a prescribed therapeutic diet was followed in 1 of 6 (Resident #2) sampled residents.

Findings:

During the observation of the lunch meal on at 12:30 PM the following menu was served to Resident #2: 4 oz of Barbeque Chicken, 1/2 Cup of Tator Tots, 1/2 Cup of Green Peas, 1 slice of Bread and Butter, 1/2 Cup of Canned Fruit.

A review of Resident #2's Health Assessment (AHCA Form 1823) dated revealed special instructions for a diet with no added salt.

An interview was conducted with the house manager on at 4:00 PM. She stated Resident #2 is served the same meal as the rest of the residents.

An interview was conducted with the Administrator on at 4:05 PM. She stated Resident #2 has always been on a regular diet. She stated that she did not realize that the Health Assessment form stated a diet.

An interview was conducted with the dietitian on at 12:10 PM. She stated the menu used at Heidi's Haven is a regular diet. She further stated that a diet would not have high items on it like processed ham and other sandwich meats. When the dietitian was asked about the observed lunch meal of Barbeque chicken, she stated that a diet would have been served baked chicken without the barbeque sauce.

Class III