STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967657	08/24/2015
NAME OF PROVIDER OR SUPPLIER **INN AT WATER'S EDGE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **10 GROVE AVENUE WEST** **LAKE WALES, FL 33853**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey with Limited Nursing Services was conducted on .

The Inn at Waters Edge, Assisted Living Facility, had deficiencies at the time of this visit.

N278 LNS - Records

Based on observation, staff and resident interview and record review the facility failed to provide limited nursing services to 5 of 5 sampled limited nursing services residents (#3, #4, #9, #10, and #11). The facility failed to ensure monthly nursing assessments as well as nursing progress notes were conducted by a registered nurse.

Findings include:
On record review of Resident # 9 revealed resident was admitted on . Per her Resident Health Assessment for Assisted Living Facilities dated , diagnoses include but not limited to: with , and degenerative . Resident requires assistance for ambulation, bathing, dressing, toileting and transferring. Record review revealed no nursing assessment or nursing progress notes regarding limited nursing services on chart. On review of the Medication Record, eye drops were given. A Medication Administration: Self-Administration of Medication Assessment signed by and dated on / by Licensed Practical Nurse (LPN) reveals a question: Can correctly administer eyes drops or eye ointments? With answer of N/A.
On record review of Resident #4 revealed resident was admitted on . Per her Resident Health Assessment for Assisted Living Facilities dated , diagnoses include but not limited to: , of , legally , and of hands and feet. Resident requires assistance for bathing and dressing. Record review revealed no monthly nursing assessments or nursing progress notes regarding limited nursing services on chart. On review of the Medication Record, the eye drops were given. A Medication Administration: Self-Administration of Medication Assessment signed and dated by the LPN reveals: Can correctly administer eye drops or eye ointments: Answer is N/A.
On record review of Resident #5 revealed resident had been admitted on .On review of the Resident Health Assessment for Assisted Living Facilities dated diagnoses include but not limited to: , , hip replacement, and . Resident Health Assessment for Assisted Living Facilities states resident requires assist with ambulation, bathing, dressing, toileting, and transferring. An Admission Nursing Assessment dated and is signed by LPN, without

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

Registered Nurse (RN) review. Record review revealed no monthly nursing assessment or nursing progress notes regarding limited nursing services on chart. On review of the Medication Record, the eye drops were given. A Medication Administration: Self-Administration of Medication Assessment signed and dated by the LPN reveals: Can correctly administer eye drops or eye ointments: Answer is N/A.
On record review of Resident #11 revealed the resident was admitted on . On review of the Resident Health Assessment for Assisted Living Facilities dated on diagnoses include but not limited to: and . Resident Health Assessment for Assisted Living Facilities revealed resident needs assistance with ambulation, bathing, dressing, , toileting, and transferring Record review revealed no monthly nursing assessments or nursing progress notes regarding limited nursing services on chart. On review of the Medication Record, the eye drops were given. A Medication Administration: Self-Administration of Medication Assessment signed and dated by the LPN reveals: Can correctly administer eye drops or eye ointments: Answer is N/A.
On record review of Resident #10 revealed the resident was admitted on . On review of the Resident Health Assessment for Assisted Living Facilities dated, diagnoses include but not limited to: . Resident Health Assessment for Assisted Living Facilities revealed resident needs assist with ambulation, bathing, dressing, , toileting, and transferring. An Admission Nursing Assessment dated is signed by LPN, without RN review. Record review revealed no monthly nursing assessment or nursing progress notes regarding limited nursing services on chart. On review of the Medication Record, the eye drops were given. A Medication Administration: Self-Administration of Medication Assessment signed and dated by the LPN reveals: Can correctly administer eye drops or eye ointments: Answer is N/A.
On at 2 PM conducted an interview with LPN. She stated the DON did not do anything extra for the limited nursing residents. The DON did not do any extra assessments or document in eh progress notes regarding limited nursing services.
at 12:15 PM conducted an interview with the Director of Nursing (DON); she stated the facility does not do monthly assessments or nursing progress notes on residents receiving limited nursing services. So far the only residents receiving limited nursing services are residents needing assistance with eye drops. The services are new here, only since she has been hired, about two months ago. When asked why an assessment was not performed, stated due to the facility having LPN ' s giving the eye drops. DON states, her understanding from class, is the facility does not have to do an RN assessment or progress notes, because an LPN is taught to do eye drops in nursing school, so it is within their scope of practice. When asked about the regulations requiring assessments and nursing progress notes being performed, she stated it was her understanding they did not have to be done. A monthly RN assessment nursing progress note documentation has not been done, because the facility is only doing eye drops.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 21, 2015

Administrator
Inn At Water's Edge (The)
10 Grove Avenue West
Lake Wales, FL 33853

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

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St. Petersburg, FL 33701
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