RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Heritage Alf of Tavares, Inc., The
900 East Alfred Street
Tavares, FL 32778

RE: CCR #2015006313

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by 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 [redacted], 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,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	08/26/2015
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF OF TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET TAVARES, FL 32778**	

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

0000 Initial Comments

On . . . unannounced complaint survey CCR #2015006313 was conducted at Heritage Assisted Living Facility in Tavares Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain omitted information for 2 of 3 residents 1823 health assessments, for #1 an #2.

Findings:

On . . a record review was conducted on resident #1 and #2 1823 health assessments. It was observed that resident #1 was missing required comments for activities of daily living on page 2. It was observed that resident #1 needs assistance with ambulation, bathing, dressing, self care, toileting, and transferring. There were no comments for these ADL's in the comment section. On page 3. self-care tasks shows resident #1 needs assistance with preparing meals, shopping, handling personal affairs, and handling financial affairs.

Resident #2 1823 health assessment was observed to missing required comments for ADL's on page 2. It was observed that the resident needs assistance with bathing, dressing, and self care. On page 3. it was observed that the self-care tasks were not completed. In the comment section it was stated "unable to do".

On at approximately 4:05 PM an interview was conducted with the manager in reference to the missing information not being obtained for resident #1 and #2 1823 health assessments. She stated it was an oversight, but she would get it corrected.

Class III

0025 Resident Care - Supervision

Based on record reviews and interviews the facility failed to notify family when a resident exhibits a significant change for 1 of 3 residents, for resident #6.

Findings:

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On a record review was conducted on resident #6. It was observed a resident observation log for resident #6 stated on on resident was sleeping on the floor on his mattress because he was falling. No documentation was observed that the physician or family was notified. the log states son in-law came to the facility and found his father in-law sleeping on a mattress on the floor and accused the the facility of treating resident #6 like an animal.

On an interview was conducted with the facility manager in reference to resident #6 exhibiting significant change. She stated she believes the Administrator made the decision about placing the residents mattress on the floor because of falling. She stated there was no documentation showing that the family or physician was contacted about the resident falling or having him sleep on the floor to prevent him from falling out of bed.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, interviews the facility failed to provide ongoing activities program for 29 of 29 residents.

Findings:

On at approximately 11:10 AM during a tour of the facility it was observed that an activities calendar was posted for 2015. There calendar did not show 12 hours of scheduled activities per week.

On an interview was conducted with resident #3 in reference to facility activities. She stated that the facility does not provide activities to the residents. She said she has never been invited to participate in activities.

On an interview was conducted with resident #4 in reference to facility activities. He stated the facility has no activities that he was interested in. He has asked the facility to provide activities he would be interested in but they haven't done so. He stated the only activity they get for their money is cable TV.

On at approximately 2:35 PM an interview was conducted with resident #5 in reference to facility activities. She stated the facility offers no activities. She stated she used to be a an activities coordinator in an assisted facility but the facility does not have one.

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On at approximately 4:05 PM an interview was conducted with the facility manager in reference to the facility activities. She was asked what activities does the facility provide to the residents. She stated that the facility provides and dancing. She said she provides all day on Tuesdays and dancing is done for an hour after lunch.

Class III

0079 Staffing Standards - Levels

Based on record reviews and interviews the facility failed to provide the minimum standard staffing hours for 28 of 28 residents.

Findings:

On the manager provided a payroll payout for the direct care staff from - for 26-35 residents. Total hours for the 2 week pay period was 480 hrs which was 108 hrs short of the 588 hrs required for that pay period.

From - direct care staff worked 362.75 hours for the 2 week pay period which was 225.25 hours short of the minimum requirement of 588 hrs for a census of 26-35 residents.

From - direct care staff worked 412.35 hours for the 2 week pay period which was 175.65 hours short of the minimum requirement of 588 hrs for a census of 26-35 residents.

On at approximately 4:05 PM the manager stated that the Administrator does provide care to residents but her hours are not on the payroll (the Administrator was not available for an interview as late as).

Class III