RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residences of Lecanto
4865 West Gulf To Lake Highway
Lecanto, FL 34461

RE: CCR #2015003732 & CCR #2015007296

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

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	09/09/2015
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	

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

0000 Initial Comments

On , unannounced complaint survey CCR #200157296 & 200153732 was conducted at Residences Assisted Living Facility in Lecanto, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0010 Admissions - Continued Residency

Based on interviews and observation the facility failed to ensure 1 of 5 residents met the criteria for continued residency for resident #2.

Findings:

On at approximately 2:03 PM an observation was made of resident #2 being totally lifted from her bed to her wheelchair by staff members E and F. Staff told the resident they were going to move her from her bed to the wheelchair and asked her to sit up. Staff had to move the resident to the sitting position with out the residents assistance. One staff member got on the residents left and right side and conducted a total lift from the bed to the wheelchair. Resident #2 did not bare weight or assist in the transfer.

On a review was of resident #2's health assessment (AHCA Form 1823), dated revealed Resident #2's activities of daily living stated she was a 1 person assist (No wheelchair was identified on assessment). Transferring was a 1 person assist.

On at approximately 4:33 PM an interview was conducted with the Administrator regarding the appropriateness of resident #2 for the facility. The Administrator stated when resident #2 husband would visit he had no problem getting her to transfer with little assistance. Resident #2 can be very combative and that's why 2 staff members want to transfer her. She said when the resident wants to she can get herself up without a problem. She said the resident has not had a change in condition.

Class III