| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953542** | **09/03/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**CORNERSTONE AT LONGWOOD (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**480 EAST CHURCH AVENUE LONGWOOD, FL 32750** | |

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

**0000 Initial Comments**

A complaint investigation (CCR 2015006163) was conducted at Cornerstone at Longwood on / . Cornerstone at Longwood had a deficiency found at the time of the investigation.

**0030 Resident Care - Rights & Facility Procedures**

Based on observation and interview the facility failed to ensure residents were treated with consideration and with due recognition of personal dignity and were free of physical for 4 of 10 sampled residents (#5, 6, 7 & 8).

Findings:

Observation on at approximately 11:25 AM revealed resident #5, 6, 7 and 8 were restrained in chairs with lap trays in place in the common area. Resident #6 was banging on his tray.

In an interview with the administrator on at approximately 12:30 PM who stated she was not aware the chairs were a form of and had told the staff it was ok to for the residents to have trays in front of them. She also stated the residents were waiting for lunch to arrive.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cornerstone At Longwood (the)
480 East Church Avenue
Longwood, FL 32750

**RE: CCR #2015006163**

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey 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 Lorriane Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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