



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Springs of Lady Lake, The
620 Griffin Avenue.
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,

Kriste 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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/30/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965130	(X3) DATE SURVEY COMPLETED 10/19/2015
NAME OF PROVIDER OR SUPPLIER SPRINGS OF LADY LAKE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 620 GRIFFIN AVE. LADY LAKE, FL 32159	

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

0000 Initial Comments

An unannounced Extended Congregate Care Monitoring licensure survey was conducted at The Springs of Lady Lake in Lady Lake, Florida on 10/19/2015. Licensure deficiencies were identified as a result of the survey.

0055 Medication - Storage and Disposal

Based on observation, interview and record review the facility failed to ensure that medications were secured and out of sight of other residents for 1 (Resident #1) of 1 residents review.

Findings:

On 10/19/2015 at 10:30 AM during the initial tour of the facility, it was observed in Room 101, a semi-private room, 11 medications were on the counter in the kitchen area of the room. The door to Room 101 was open to the hallway and the medications were visible from the doorway. The medications belonged to Resident #1 as per the pharmacy label. Resident #1 is currently out of the room. The physical assessment of Resident #1, Resident #2, is in her medical record.

A review of Resident #2's medical record revealed a Health Assessment Form 1823 dated 10/19/2015 which stated the resident has no medications.

An interview was conducted with the Administrator on 10/19/2015 at 10:40 AM. She confirmed that the medications were on the kitchen counter, in sight of other residents and unsecured.

An interview was conducted with the Administrator on 10/19/2015 at 11:28 AM. She confirmed that Resident #2 has no medications.

A record review of the Medication Policy for Medication Storage stated "Standard: It will be the standard of the facility to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible. Residents may keep both prescription and over-the-counter medications on their person, both on and off the facility premises, or in their apartment. These medications must be locked up unless they are in a secure place out of sight and reach of other residents."

Class III