RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Serenades In The Villages
2450 Parr Drive, The Villages
Lady Lake, FL 32162

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,

Kristen J. Mehn
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
	AL11968578	10/21/2015
NAME OF PROVIDER OR SUPPLIER **SERENADES IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2450 PARR DRIVE, THE VILLAGES** **LADY LAKE, FL 32162**	

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

0000 Initial Comments

From , 2015 through , 2015 an unannounced biennial licensure survey was conducted at Serenades Assisted Living Facility in The Villiages Florida. Deficient practice was identified during this survey.

0010 Admissions - Continued Residencv

Based on record reviews and interviews the facility failed to have an interdisciplinary care plan and an updated 1823 health assessment for 1 of 3 hospice resident (#11).

Findings:

On / a record review was conducted on hospice resident #11. During the review it was observed that resident #11 was admitted to hospice services with Cornerstone Hospice on / . She did not have a interdisciplinary care plan in her record. Her current 1823 health assessment was dated and was not updated after the resident went on hospice services.

On / an interview was conducted with the facility Wellness Director in reference to the interdisciplinary care plan and 1823 health assessment for resident #11. She stated there was not a interdisciplinary care plan in the residents record at this time. She did not know why the 1823 health assessment for resident #11 had not been updated at this time.

Class III

0054 Medication - Records

Based on record reviews and interviews the facility failed to record each time a medication is taken, missed, or refused by a resident who receives assistance or administration of medication for 5 of 8 residents, for resident #5, 7, 9,12, and #13.

Findings:

On a medication record review was conducted on resident #5. The Medication Observation Record was observed to be missing recorded documentation for medication that was to be given on 11th 14th ,15th,16th and, 18th, of 2015 (see photo evidence for details).

On a medication record review was conducted on resident #7. The Medication Observation

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Record was observed to be missing recorded documentation for medication that was to be given on , 2015 (see photo evidence for details).

On a medication record review was conducted on resident #9. The Medication Observation Record was observed to be missing recorded documentation for medication that was to be given on 2 nd, 8th, 10th, 11th, and 18th, 2015 (see photo evidence for details).

On a medication record review was conducted on resident #12. The Medication Observation Record was observed to be missing recorded documentation for medication that was to be given on 2 cd, 2015 (see photo evidence for details).

On a medication record review was conducted on resident #13. The Medication Observation Record was observed to be missing recorded documentation for medication that was to be given on and 18th 2015 (see photo evidence for details).

On / at approximately 12:03 PM an interview was conducted with nurse D in reference to the missing recorded documentation for dates of and 18th 2015 on residents #5, 9, and 13. She stated she was getting sick that day and forgot to document the MOR as required.

On / at approximately 1:30 PM during an exit interview with the Wellness Director, she stated that she has made contact with the nurses that did not correctly document the MOR to insure residents received their medication as required for those missing dates. She stated the nurses are suppose to record when residents receive, refuse or miss a dosage of medication.

Class III