STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	R 10/16/2015
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 Initial Comments

A Follow up Visit for Complaint Inspections (2015006058 and 2015006941) was conducted at Indigo Palms At Maitland Assisted Living facility on / / through / in conjunction with Complaint Inspection #2015007909.
Indigo Palms at Maitland Assisted Living Facility had deficiencies found at the time of the revisit and deficiency that remained uncorrected.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain written records and to notify the health care provider and family when 1 of 4 sampled residents (#2) had a significant change (weight loss).

Findings:

Record review for Resident #2 revealed a Resident Health Assessment form 1823 that was dated / with diagnosis that included , , , and . Further record review revealed the resident started to received Hospice services on .
Review of her weight record revealed it noted Resident #2 weight in was 146 and in / it was 128 which was an 18 pound weight loss.
Review of the Hospice record and Resident #2's facility record revealed there was no documentation to confirm that the Hospice agency, Health Care provider and the family was notified of the significant change in the resident's weight of 18 pounds within 2 months.

During an Interview with the Resident Care Director on / at approximately 12 PM, he stated he could not locate any documentation to confirm that the Hospice agency, Health Care provider and the family were notified Resident #2's weight loss.

Class III

AH Form Approved

/

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966519	A. Building B. Wing	10/16/2015

Name of Facility	Street Address, City, State, Zip Code
INDIGO PALMS AT MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By L Henry for S. Deeann	Date: 10/17/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: Revisit to #2015006058 w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 16, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com