

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 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 10/15/2015 through 10/15/2015 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 10/15/2015 with diagnosis that included Depression, Anxiety, and Dementia. Further record review revealed the resident started to receive Hospice services on 10/15/2015. Review of her weight record revealed it noted Resident #2 weight in 10/15/2015 was 146 and in 10/16/2015 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 10/15/2015 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

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11966519	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/16/2015
Name of Facility INDIGO PALMS AT MAITLAND		Street Address, City, State, Zip Code 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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0056		ID Prefix A0162		ID Prefix	
Reg. # 58A-5.0185(7) FAC		Reg. # 58A-5.024(3) FAC		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Henry J. S. Oceano
Reviewed By

Date: 10/17/10
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
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:

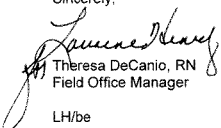
This letter reports the findings of a revisit survey conducted on 16, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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

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