

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968920	(X3) DATE SURVEY COMPLETED 01/27/2016
NAME OF PROVIDER OR SUPPLIER THE LODGE AT LUTHERAN HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2035 W RD 426 OVIEDO, FL 32765	

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

0000 Initial Comments

Initial licensure survey with Extended Congregate Care was conducted on / / and / / . The Lodge at Lutheran Haven had a deficiency at the time of the visit.

E202 ECC - Physical Site Requirements

Based on observations and interview the facility did not make sure that all residents' meet the requirement of the Florida Building Code 434.5.

Findings:

Observations during the facility tour on / / at 9:45 AM noted the following:

There was a resident the left front left side of the facility. The located at the end of a hallway past the staff office on the left and a staff the right. The staff in close proximity to the resident's . The entrance to the hallway had a door, however the actual resident not have a door, but a curtain. Anyone who used the hear what was going in the

The facility was composed on 3 areas called neighborhoods. To the right there was an area that could house 4 residents. There was a door that lead to the area. There was a small vestibule and a resident across from it and another resident the left past the shower . The individual did not have a door but a curtain instead. All the residents' and neighborhoods, had the same design.

During an interview on / / at approximately 11:30 AM with a representative from the Seminole County Building department who stated that the needed to have doors.

In an interview with the owner/Chief Financial Officer on / / at 10 AM who stated that the had one door because the facility was a memory care unit, and too many doors would further confuse the already residents.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Lodge At Lutheran Haven
2035 W Rd 426
Oviedo, FL 32765

RE: Initial Licensure w/Extended Congregate Care

Dear Administrator:

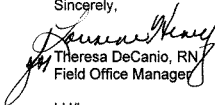
This letter reports the findings of a state licensure survey that was conducted on
2016 by representative(s) of this office.

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** , 2016. 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 Lorraine Henry at -2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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