RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Springhill Assisted Living Facility
8239 Cessna Drive
Spring Hill, FL 34606

RE: CCR #2016000293

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bouy for

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	01/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGHILL ASSISTED LIVING FACILITY	8239 CESSNA DR, SPRING HILL FL SPRING HILL, FL 34606

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

0000 Initial Comments

On __/____, a complaint investigation (CCR 2016000293) was conducted at Spring Hill Assisted Living Facility in Spring Hill, FL. Deficiencies were identified at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review the facility failed to ensure 1 (Resident #1) of 3 sampled resident's individual decision to follow a physician prescribed therapeutic diet was given consideration and recognition.

Findings:

During interview on __/____ at 9:49 AM, Resident #1 stated that she was a vegetarian by personal choice. She stated that when she was admitted to the facility she had signed a paper that documented she agreed that the facility wouldn't do anything specific for an individual's diet. She stated that she was [illegible] and "crashed" almost every day. She stated that she wanted to follow the therapeutic diet recently ordered by her physician.

Record review of a prescription written for Resident #1 (dated __/____) revealed the physician's order that Resident #1 suffered from severe [illegible] and needed a high protein and very low [illegible] diet. This same physician's order documented that Resident #1 should avoid simple sugars completely.

Record review of Resident #1's clinical record revealed a Therapeutic Diet Waiver (signed [illegible] by Resident #1). The Therapeutic Diet Waiver agreement between the facility and Resident #1 documented that the facility did not offer therapeutic diets of any type. The signed agreement documented that Resident #1 understood the risks of refusing a therapeutic diet. The signed agreement specified therapeutic diets not offered by the facility as [illegible] diets, [illegible] diets, calorie controlled diets, high/low protein diets, [illegible] management diets, [illegible] diets, religion based diets, and all other forms of therapeutic diets. The signed Therapeutic Diet agreement included the statement "Current assisted living facility (ALF) regulations protect a resident's right to refuse services or treatments and to choose alternatives. The law defines resident's rights as the right to be free of interference, coercion, discrimination and reprisal from the facility in exercising his or her rights. As long as the resident is deemed competent, his or her decision will be honored by Spring Hill Assisted Living Facility." The signed Therapeutic Diet Waiver agreement concluded with "in the future, if I choose to follow a recommended/prescribed therapeutic diet, Spring Hill Assisted Living Facility will assist me in finding an appropriate facility that will meet my special dietary needs."

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SPRINGHILL ASSISTED LIVING FACILITY	8239 CESSNA DR, SPRING HILL FL SPRING HILL, FL 34606

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During interview on / beginning at 1:01 PM, the facility owner stated that the facility does not offer therapeutic diets. He confirmed that the facility had taken no action related to finding Resident #1 an alternative appropriate facility that would assist Resident #1 to meet her special dietary needs (as specified in the signed Therapeutic Diet Waiver) since Resident #1 had received a physician's order on / to adhere to a high protein and very low diet related to her diagnosis of severe .

Class III

0093 Food Service - Dietary Standards

Based on interview and record review the facility failed to ensure food items that enabled 1 (Resident #1) of 3 sampled residents to comply with a physician prescribed therapeutic diet were identified on the menus developed for use by the facility.

Findings:

During interview on / at 9:49 AM, Resident #1 stated that she was a vegetarian by personal choice. She stated that when she was admitted to the facility she had signed a paper that documented she agreed that the facility wouldn't do anything specific for an individual's diet. She stated that she was and "crashed " almost every day. She stated that she wanted to follow the therapeutic diet recently ordered by her physician.

Record review of a prescription written for Resident #1 (dated /) revealed the physician's order that Resident #1 suffered from severe and needed a high protein and very low diet. This same physician's order documented that Resident #1 should avoid simple sugars completely.

Record review of the facility menu (signed by a Registered Dietician /) failed to reveal documented identification of the food items that would enable Resident #1 to comply with the therapeutic diet prescribed by her physician.

During interview on / beginning at 1:01 PM, the facility Kitchen Manager agreed that the facility menu failed to reveal identification of the food items that would enable Resident #1 to comply with the therapeutic diet prescribed by her physician.

Class III

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	AL11968462	01/20/2016
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