RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Residences of Lecanto
4865 West Gulf To Lake Highway
Lecanto, Florida 34461

RE: CCR #2015011518

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

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	01/28/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	

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

0000 Initial Comments

On , 2016 a complaint survey (CCR 2015011518) was conducted at Residences of Lecanto. Deficient practice was identified during this survey.

0025 Resident Care - Supervision

Based on observations, record reviews and interviews, the facility failed to provide personal supervision appropriate to the needs of the residents for 2 of 5 residents (Residents #1 and #2).

Findings:

On / at 12:20 PM, during a dining observation in the Park Place Neighborhood, Resident #1, who is in a wheelchair, was observed to eat independently. As she attempted to scoop up a bite of food she pushed large portions of her meal onto the table. Even though there were 4 staff members assisting 25 residents in the dining , no one came to assist Resident #1 with her eating.

On /, a record review was conducted on Resident #1's 1823 health assessment dated /. It was observed that the resident needed total care with all her activities of daily living, to include eating.

On /, at 12:23 PM, during a dining observation in the Park Place Neighborhood, Resident #2 was observed trying to cut his bread roll on his plate with a butter knife using only one hand. Every time he tried to cut the roll, it moved on his plate and he could not cut the roll. A second resident sitting at the table took her unused spoon and held the roll down for Resident #2 so he could cut off a piece of the roll. This happened 4 times. A staff member who was busy with another resident, observed this incident, and stated thank you to the resident who assisted Resident #2.

On /, a record review was conducted on Resident #2's 1823 health assessment dated /. It showed Resident #2 required total care for all ADL's, including eating.

On / at 5:30 PM, these observations were explained to the Administrator who stated she agreed she needed more staff on the Park Place Neighborhood side of the facility.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on observations, record reviews and interviews, the facility failed to file an adverse incident with

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the agency for a resident that sustained an injury which caused permanent for 1 of 5 residents (Resident #2).

Findings:

On / at 12:23 PM, Resident #2 was observed in the dining a large V shape scar on his right side of his forehead which was in the healing process.

On / at 4:38 PM, The Wellness Director (Staff F) stated the scarring on Resident #2's right forehead is from the injury he sustained during the on .

On / at 4:07 PM resident #2 gave permission for a photo to be taken of the scare on his forehead which is permanent (see photo evidence).

A record review was conducted for Resident #2. Resident #2's 1823 health assessment, dated /, showed he requires total care for Activities of Daily Living (ADL's). An incident report, dated , showed that Resident #2 was found in his in the entry way of his an open area to the right side of his forehead. The resident was sent out to the hospital.

On / at 4:55 PM, during an interview with the Administrator, she stated she did not file an adverse incident with the agency because she did not realize Resident #2 had permanent from the on .

Class III