RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Terrace At Ivey Acres ALF
3964 Florida Ave
Jay, FL 32565

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

Dh/dh
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968119	02/25/2016
NAME OF PROVIDER OR SUPPLIER **TERRACE AT IVEY ACRES AL**	STREET ADDRESS, CITY, STATE, ZIP CODE **3964 FLORIDA AVE** **JAY, FL 32565**	

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

0000 Initial Comments

On an unannounced Limited Nursing Services monitoring was conducted at The Terrace at Ivey Acres Assisted Living Facility. At the time of the monitoring, there was deficient practice identified.

N277 LNS - Resident Care Standards

Based on staff interview and record review, the facility failed to ensure that nursing services (lymphedema pump once daily for one hour Monday though Friday) was conducted as ordered for 1 of 1 resident (#1).

The findings:

Based on record review for resident #1 on at 09:00 am, an order was reviewed dated for patient to use lymphedema pumps in facility for one hour per day, Monday through Friday. This met the criteria to be admitted to Limited Nursing Services (LNS). A record review was conducted of the facility's LNS log, provided by the facility's Director of Nursing (DON), a review was conducted of the following months dated 2016 back to 2015. In of 2015, there were three blank spaces and two spaces that were circled. A legend at the bottom of page indicated that when the space was circled, it indicated that this was not given. On dates / /, / /, and / / were blank. On dates / and / , the spaces were circled. A review of the back of form showed only one entry for documentation. It showed that on / / at 4pm, the DON documented, 'no licensed nurse.'

On at 10:07 am, an interview was conducted with the DON and Administrator regarding the empty spaces. The DON stated that on that day there was no licensed nurse to assist the resident with getting his stockings applied. The DON stated that she wasn't at the facility on the 13th to apply the stockings. She stated that on / , the resident had a doctor's appointment with the resident's primary Medical Doctor and that could explain why they were not applied that day. The DON also stated that she failed to document this. The DON states that she is usually the person that starts the treatment but the patient himself can remove them when finished. She furthered stated that she had trained a second Licensed Practical Nurse (LPN) to help assist in the application in her absence. In , this LPN was employed here but was not instructed at that time how to use stockings.

classs 3