STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910603	03/30/2016
NAME OF PROVIDER OR SUPPLIER **NANCY LEE'S MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3461 64TH STREET NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An Abbreviated Re-licensure survey was conducted on . The Nancy Lee's Manor assisted living facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview, observation and record review, the facility failed to ensure that 1(Resident #3) of 5 residents admitted to the facility had been examined by a health care provider who recorded the results of the exam on a Health Assessment Form (1823) within 30 days.

Findings included;

According to the admission and discharge log maintained in the facility, Resident #3 was admitted on . According to the Medication Observation Record (MOR) and documentation by the resident of her sugars, the resident was admitted on . A Form 1823 was found in the resident's record, but it was not dated and did not include whether or not the resident needs assistance or administration with medications. The resident is dependent.

An interview with the Administrator revealed that the resident was placed in her facility by the Department of Children and Families and that she received no information when she was admitted.

A History and Physical was found in the resident record that documented, "poorly controlled sugars, frequent , poor adherence to diet".

CLASS III

0031 Resident Care - Third Party Services

Based on interviews, record reviews and observations, the facility failed to ensure that 1 of 5 residents received services from a third party provider as ordered by the physician. (Resident #3).

Findings included;

According to the admission and discharge log maintained in the facility, Resident #3 was admitted on . According to the Medication Observation Record (MOR) and documentation by the resident of

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her sugars, the resident was admitted on . A Form 1823 was found in the resident record, but it was not dated and did not include whether or not the resident needs assistance or administration with medications. The resident is dependent.

A History and Physical was found in the resident record that documented, "poorly controlled sugars, frequent , poor adherence to diet". In addition, there was a written order for Home Health for "SN (Skilled Nursing) for teaching/management" and for " /OT (Physical and Occupational)eval and treat".

Observation and interview with Resident #3 on revealed that she requires the assistance of a walker due to having had previous knee surgeries. She stated that she has received physical in the past and feel that she could benefit from it.

An interview with the administrator revealed that because the resident is "between doctors" she is having a difficult time coordinating for this service for the resident. She also agrees that the resident could benefit from physical and for nursing services for management of her .

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nancy Lee's Manor
3461 64th Street North
Saint Petersburg, FL 33710

Dear Administrator:

This letter reports the findings of a abbreviated biennial 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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