RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Regency Park
15000 Hwy 441
Eustis, FL 32726

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)4 62-6201.

Sincerely,

Charles Bay 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
	AL11968869	04/13/2016
NAME OF PROVIDER OR SUPPLIER **REGENCY PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **15000 HWY 441** **EUSTIS, FL 32726**	

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

0000 Initial Comments

On an Extended Congregate Care (ECC) survey was conducted at Regency Park Assisted Living Facility. Deficient practice was identified during the survey.

E203 ECC - Staffing Requirements

Based on interview, record review, and policy and procedure review, the facility failed to provide by staff or contract the services of a nurse to be available to provide nursing services for Extended Congregate Care (ECC) residents.

Findings:

Record review of the ECC file showed there was no nurse on staff or by contract to provide nursing services for the development of resident services plans, and perform monthly nursing assessments.

During an interview on at 12:17 PM with the Administrator, she stated there is a nurse on staff for ECC. When it was asked if an application was completed by the nurse, the Administrator stated, "No." When asked if a contract had been completed with the nurse, the Administrator stated, "No. She is going to be staff and will come in and do the service plans, and monthly nursing assessments, and will be paid an hourly wage. She will be an employee of the facility. She is bringing in a completed application today." When asked if up to this time if the nurse was a staff member or contracted, the Administrator stated, "No, she has been a volunteer who has helped us out."

Record review of Policy and Procedures titled, "ECC Policy and Procedure Manual" page 8 P.1: ECC Supervisor East Extended Congregate Care (ECC) program shall specify a staff member to serve as the ECC Supervisor if the Administrator does not perform this function. The ECC Supervisor shall be licensed as an Registered Nurse (RN) or a Licensed Practical Nurse (LPN) may serve in this capacity if overseen by a RN.

Class III

E206 ECC - Service Plans

Based on interview, record review, and policy and procedure review, the facility failed to ensure the resident or responsible party was in agreement with the development of the service plan for Extended

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SUMMARY STATEMENT OF DEFICIENCIES
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Congregate Care (ECC) for 2 of 2 sampled residents (Residents #1 and #2).

Findings:

Record review of the ECC Service Plan for Resident #1 showed the plan was completed on and was not signed by the Resident of the Responsible Party.

Record review of the ECC Service Plan for Resident #2 showed the plan was completed on and was not signed by the Resident or the Responsible Party.

During an interview on at 11:33 AM with the Director of Nursing (DON), she stated the forms weren't signed by the responsible parties. She stated she tried to get Resident #1's daughter last night to have her sign, but missed her.

During an interview on at 12:17 PM with the Administrator, she stated there is no documentation of the responsible parties having participated in the development of the service plans for Residents #1 and #2.

Record review of the Policy and Procedures titled, ECC Policy and Procedure Manual page 11 Service Plan #8, reads: "Service plan means a written plan, developed and agreed upon by the resident and, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or designee representing the facility, which address the unique physical and needs, abilities, and personal preferences of each resident receive ECC services."

Class III

E208 ECC - Records

Based on interview, record review, and policy and procedure review, the facility failed to ensure monthly nursing assessments were overseen by a Registered Nurse (RN) for 2 of 2 residents (Resident #1 and #2) receiving Extended Congregate Care (ECC) services.

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Findings:

Record review of the Monthly Nursing Assessment for Resident #1 showed the assessment was last completed on [redacted] and signed by the Licensed Practical Nurse (LPN) There was no signature of an RN overseeing the LPN.

Record review of Monthly Nursing Assessment for Resident #2 showed the form was dated [redacted] with information completed. The form was not signed as to who completed the assessment.

During an interview on [redacted] at 11:33 AM with the LPN/Director of Nursing (DON), she stated, "I completed the monthly assessments for both residents, I have always completed the assessments." When asked if the assessments were overseen by an RN, the DON stated the RN signed here, the DON displayed the Service Plan. When it was stated, that is the Service Plan and not the Monthly Nursing Assessment form the DON stated, "Your right." The DON further verified there was no signature on the Monthly Nursing Assessment for Resident #2.

Record review of Policy and Procedures titled, "ECC Policy and Procedure Manual" page 8 P.1: ECC Supervisor East, read: "Extended Congregate Care program shall specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. The ECC supervisor shall be licensed as an RN (Registered Nurse) or an LPN (Licensed Practical Nurse) may serve in this capacity if overseen by a RN.

Class III