STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	04/14/2016
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR AT CONNERTON COURT LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 21021 BETEL PALM LN LAND O LAKES, FL 34638	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016001073) was conducted on .

The Angels Senior Living at Connerton Court, Assisted Living Facility, had deficiencies at the time of this visit.

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to ensure, notwithstanding the specified minimum staffing requirements, that the facility has enough qualified staff to provide resident supervision and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards.

Findings included:
Surveyor conducted observations, record reviews, and interviews at the facility on beginning at 9:15am and a tour of the facility on beginning at 10:00am. The facility has 3 units - Assisted Living, secure Transitional (" Suites "), and secure Memory Care Unit. Per record review and interviews with the Administrator and Director of Nursing on beginning at 9:15am, the current facility in-house census is 62 residents: AL 35; Transitional 16; MCU 11.
Per interview with Staff A on at 10:30am, " One person takes care of everything in the Suites (Transitional unit), " wants to add a second person; stated facility needs to hire new people, just discussed need for additional staff on , starting process . Staff A stated assigned Med Tech does all resident meds, then fills in as needed; 11pm-7am float helps as needed getting people up. When asked if she believes residents ' needs are being met, Staff A stated it takes longer when there ' s an emergency because they need a float to stay in the area so they can answer a call.
Per interview with the Administrator on at 11:15am, staff fluctuates with the census. The Administrator stated the facility had a Dietary Aide for the Transitional Unit, but the position was cut by Corporate - There is no designated server; residents are assisted by Resident Aides. Two Resident Aides serve the Memory Care Unit dining ' family members assist. The Assisted Living dining servers, not Resident Care Aides.
Per observation and interview with a family member on at 12:20pm, family stated that " one person taking care of 16 beds is not enough. They ' re not providing needed care. " The family member stated she has entered the resident ' s observed " ice ! " food in front of the resident, nobody is helping <resident> to eat, does not see any assistance being provided by facility staff.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	04/14/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

Per observation and interview with a family member on at 12:30pm, Resident #8 needs assistance with eating. The one staff person on duty at the time of visit (Staff C, Resident Care Aide) in the Transitional Unit was unable to provide Resident #8 assistance with eating and leave 15 other residents unattended.
Per observation and interview with a family member on at 12:45pm, Resident #9 needs assistance with eating. Staff C stated that none of the 11 residents observed in the dining assistance with eating; however, 2 residents observed in their during the lunch meal did not have a staff person available for assistance.
Per interview with the Administrator on at 1:15pm, she is " adding a 12pm-8am Med Tech for the whole building to free Resident Aide to provide residents personal care. "
Per interview with the facility Director of Nursing on at 1:30pm, he recognizes the need for more staff, may move some Transitional residents to the Memory Care Unit and add one staff for both units; stated he & the Administrator are aware of staffing problem and working on it. The DON further stated that the current staffing ratio is 1 (staff):16 (residents) in Transitions and 2(staff):11(residents) in the Memory Care Unit. As indicated above, the 1 staff in Transitions is not sufficient to meet residents ' care & safety needs.
Per Statute review on , 416 direct care staff hours are needed per week based on the current facility in-house census of 62 residents. Per review of staff schedules conducted on / : 810 total direct care staff hours scheduled - ; 768.5 total direct care staff hours scheduled - . Per Surveyor review of staff schedules, 716 total direct care staff hours were scheduled / - / ; however, only one staff person worked from 11pm-7am for the entire facility on / / .

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview, the facility failed to ensure that all regular and therapeutic menus to be used by the facility are reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian or a licensed nutritionist.

Findings included:
Surveyor conducted a tour of the facility on Thursday, beginning at 10:00am and observed 3 dining : A lunch menu for the day was observed posted upon entrance to the main dining ; the Monday lunch menu was posted in the Transitions dining ; no menu was observed posted in the Memory Care Unit.
During observation of the 12:00pm lunch meal on , Surveyor observed the menu posted in the kitchen and in use -- approved / by a licensed Dietitian.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	04/14/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR AT CONNERTON COURT LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21021 BETEL PALM LN** **LAND O LAKES, FL 34638**	

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

Per interview on at 12:30pm, the Kitchen Manager confirmed using the menu and stated: "He < Dietitian> has not been here in 2 years. We are supposed to be getting new GFS <General Food Service> menus."
The facility Director of Nursing stated on at 4:00pm that he has not seen the Dietitian at the facility in 2 years; the Administrator stated she was told by corporate that the facility is getting new menus.
Per record review, the Corporate Operations Manager submitted a response to Complaint allegations on and included a menu identical to the posted menu, but dated As of , the facility does not have, and therefore is not using, a menu that has been approved annually by a licensed Dietitian or other licensed/registered person per Statute.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that Resident records maintained on the premises for residents receiving hospice services include the Hospice Plan of Care and Interdisciplinary Care Plan. No Hospice Plan of Care & No Interdisciplinary Plan of Care was observed in 3 of 3 records of residents receiving Hospice services.

Findings included:
Per interview with the facility Director of Nursing on at 9:30am, Residents #3, 8, & 10 are receiving Hospice services at the facility.
Per record reviews conducted at the facility on beginning at 1:30pm, Resident #3 was admitted to Hospice on ; Resident #10 was admitted to Hospice on ; Resident #8 had been receiving Hospice services prior to and upon facility admission on . There were no Hospice Plans of Care and no Interdisciplinary Plans of Care found in any of the 3 Hospice residents ' records.
The facility Director of Nursing acknowledged on at 2:00 pm that there were no Hospice Plans of Care and no Interdisciplinary Plans of Care in resident records. The Director of Nursing had Hospice Plans of Care faxed to the facility on -- received 4:02pm to 4:07pm -- No Interdisciplinary Plans of Care have been completed for any of the 3 hospice residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Angels Senior At Connerton Court LLC
21021 Betel Palm Ln
Land O Lakes, FL 34638

RE: CCR #2016001073

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 **Paul Brown**, HFES at (727) 552-2000 .

Sincerely,

for Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
..., Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
XG90