RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Prestige Manor
6040 Southeast Front Road
Belleview, FL 34420

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 , 2010.** 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 this office at (386) 462-6201.

Sincerely,

Charles Berry 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
	AL11911157	04/07/2016
NAME OF PROVIDER OR SUPPLIER **PRESTIGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **6040 SOUTHEAST FRONT ROAD** **BELLEVIEW, FL 34420**	

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

0000 Initial Comments

On , a Biennial Licensure survey was conducted at Prestige Manor. During the survey, deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information and ensure accuracy for 2 out of 2 resident 1823 health assessments reviewed (Resident #7 and Resident # 6).

Findings:

On a record review was conducted on Resident #6 1823 health assessment dated . The 1823 was observed to be missing the residents height and weight on page 1. Missing required comments for activities for daily living page 2. Missing page 3 entirely.

On at approximately 1:15 PM Administrator stated she did not realize the omitted information was missing.

On , a record review was conducted on Resident #7 1823 health assessment dated, . It was observed to be missing the following information:

a. Pg. 2 The facility failed to indicate the extent and type of assistance required by Resident # 7 under the ADL section.

b. Pg. 5 Section 3 is blank.

On at 1:17 PM, an interview was conducted with the Administrator regarding the omitted information on the 1823 health assessment as indicated. The Administrator confirmed the blank items and reported she "will work on it."

On , a record review was conducted on Resident #7's 1823 health assessment dated, . Page 1 under Physical or sensory limitations indicates that resident is non-verbal, but Staff A, Staff C, and the Administrator report that resident can verbalize.

On at 1:17 PM, an interview was conducted with the Administrator regarding the 1823 health assessment indicating that Resident # 7 is non-verbal. The Administrator reported she (Resident #7) is "selective". but reports resident will verbalize at times.

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On at approximately 11:00 AM, an interview was conducted with Staff A and Staff C who reported she (Resident #7) speaks and stated she is more alert at meal time.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to maintain resident's right to personal dignity in 1 of 7 residents reviewed. (Resident # 7)

Findings:

During the initial tour on at approximately 10:00 AM, Resident #7 was observed sitting in the living the couch with other residents wearing socks on her hands.

On at approximately 11:00 AM, an interview was conducted with Staff A regarding resident wearing socks on her hands. She reported the socks are used because the resident scratches her face. She reported the facility has tried using mitts and gloves. She further stated "Tried some bigger mitts, but they didn't do good. We tried everything, but her wrists are too small; she takes them off if she doesn't want them. We just got a verbal order; we have no written order."

On , a record review was conducted of the Resident Health Assessment, AHCA Form 1823, and it did not address the need for socks on Resident #7's hands as an intervention for scratching resident's face as reported by Staff A. Further, the resident record did not contain a written order for socks on Resident #7's hands.

On , State Wide , LLC, provided copies of all orders written for Resident #7 and a review of the orders revealed no order for socks on Resident #7's hands.

On at 9:14 AM, an interview was conducted with the dermatologist for Resident #7. She reported, "No, I did not order it."

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to maintain a weight record for 1 of 2 residents

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(Resident #6) who receives assistance with activities of daily living (ADL's).

Findings:

On , a record review was conducted on Resident #6, who receives assistance with activities of daily living, according to her 1823 health assessment dated . It was observed that her current 1823 did not have a weight record on it and that weights were not recorded semi-annually as required. The weight record showed weights recorded on / , on , on , on , and on . These weights are not recorded every 6 months as required.

An interview was conducted on at 11:50 AM with the Administrator. She stated she knew that weights needed to be recorded every 6 months for residents who need assistance with their ADL's, but it is very difficult to get Resident #6 on the scale to get her weight.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview, the facility failed to maintain an employee roster for the facility for 3 of 3 staff members (Staff A, B, and C).

Findings:

On at approximately 9:30 AM, an entrance was made into the facility and an entrance conference was conducted with Staff C, who was observed to be in charge of the facility and providing resident care.

On at approximately 11:09 AM, an interview was conducted with Staff A, who was observed working and providing care to residents in the facility.

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On at approximately 5:26 PM, an interview was conducted with Staff B. She stated she works in the facility and is on the schedule.

On , a record review was conducted on the employee roster through the Agency For Health Care Administration Background Screening (BGS) unit. It was observed that the people listed on the BGS roster were not the same people working in the facility.

On at approximately 12:29 PM, an interview was conducted with the Administrator regarding the incorrect employee roster for the facility. The Administrator stated the roster does not show the correct people working in the facility because she got behind and did not update it.

Unclassified.