RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lexington Park
930 Highway 466
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	04/28/2016
NAME OF PROVIDER OR SUPPLIER **LEXINGTON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **930 HIGHWAY 466** **LADY LAKE, FL 32159**	

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

0000 Initial Comments

On a biennial re-licensure survey was conducted at Lexington Park Assisted Living Facility. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to ensure the health assessment, AHCA Form 1823, was updated upon significant change for 2 of 2 residents reviewed (Resident #10 and Resident #16); and, the facility failed to discharge a resident with undocumented improvement of a within the required 30 days for 1 of 2 residents reviewed (Resident #10).

Findings:

1.) Based on a review conducted on of the health assessment, AHCA Form 1823, dated for Resident #10, the facility failed to update the assessment upon a significant change as it relates to a . Page 2 of the health assessment indicates resident does not have any , 3, or 4 pressure sores.

An interview was conducted on at 10:29 AM with the Advanced Registered Nurse Practitioner (ARNP) for Resident # 10, and it was confirmed with her that the health assessment, AHCA Form 1823, on file has not been updated to reflect the on his . She agreed it needs to be updated.

On at 10:39 AM, an interview was conducted with the Nurse Care Manager who confirmed the health assessment, AHCA Form 1823, for Resident #10 was not updated with the to his .

2.) On , a record review was conducted on Resident #16 who had significant change by developing a on her right heel on and went on hospice on / . Her current 1823 health assessment, dated , did not reflect her significant change in condition.

On at approximately 10:10 AM, an interview was conducted with the facility's Care Manager in reference to Resident #16's current 1823 health assessment. She stated the current 1823 health assessment does not have the listed or that she is on hospice.

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On at approximately 11:45 AM, the Administrator stated she thought they had 30 days to obtain a new 1823 upon significant change of a resident condition.

3.) Based on a review conducted on of the record report provided by the home health agency, dated , page 20 #16 LT-Low , Left Thigh, Resident #10 failed to show improvement as evidenced by length X width X depth (cm) and surface area of the measurements.

On at 12:26 PM, an interview was conducted with the Nurse Care Manager. When asked: One is improving, and one is not improving? She stated, "Correct, that is what it looks like to me. We're gonna have to issue a notice." Further, she confirmed resident has 2 areas on his

Class III