RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sweetwater at Duck Pond ALF, LLC
207 NE 7th Street
Gainesville, FL 32601

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) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968220	05/19/2016
NAME OF PROVIDER OR SUPPLIER **SWEETWATER AT DUCK POND ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **207 NE 7TH ST** **GAINESVILLE, FL 32601**	

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

0000 Initial Comments

On , 2016, a monitoring survey was conducted at Sweetwater At Duck Pond Assisted Living Facility (facility license number 12142). Deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on observation, record review and interview, the facility failed to obtain omitted information for 1 of 9 residents reviewed (Resident #3).

Findings:

On at approximately 11:15 AM, an observation was made of Resident #3, who was receiving assistance with self administration of medication. After Resident #3 received assistance with taking her prescribed D 5000 IU, the resident took a 0.3 mg from a prescription bottle which she kept in her possession.

On a record review was conducted on Resident #3's Resident Health Assessment (AHCA Form 1823), to see what type of medication assistance she needs. During the review, it was observed that Resident #3 needs assistance with all her Activities of Daily Living (ADLs), but there were no comments which stated what kind of assistance the resident is to receive. It was observed that page 4 of the 1823 stated that Resident #3 needs assistance with medication, but did not indicate what type of assistance. It was observed that page 5 of the 1823, which the facility is to fill out when a resident receives assistance with ADLs, was not completed as required.

On at approximately 12:15 PM, an interview was conducted with Staff A in reference to the omitted information on Resident #3's Resident Health Assessment (AHCA Form 1823). Staff A said she did not know why the information was missing and that the administrator and manager were responsible in making sure it was completed as required.

Class III