RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Residences of Lecanto
4865 West Gulf to Lake Highway
Lecanto, FL 34461

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,

Charles Bouy for

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
	AL11968372	06/28/2016
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	

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

0000 Initial Comments

On , 2016, an Extended Congregate Care (ECC) and Limited Nursing Service (LNS) Monitoring survey was conducted at Residences of Lecanto (License # 12256). Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and facility policy review, the facility failed to implement safe control practices and failed to follow their hand washing and control policy during dressing change for 1 of 1 residents (Resident #1).

Findings:

Observation conducted on at 1:53 PM revealed Staff C, a Licensed Practical Nurse (LPN), explained to Resident #1 that she is going to change her dressing on her right foot. The LPN washed her hands in the sink. The LPN donned a pair of gloves. The LPN wheeled the resident in to her . The LPN laid all her dressing supplies over the sink without putting up a barrier. The LPN leaned down with the right knee on the floor and start removing the old dressing from Resident #1's right foot. The LPN failed to place a barrier on the and placed the scissors and normal vial on the tile floor. The LPN picked up the scissors and cut through the dressing. The LPN cleansed the between the second and third toes with normal . The LPN dried in between the toes using a gauze. The LPN placed a small piece of paper towel on tile floor under the right foot but immediately it got displaced as the resident kept moving her right foot during the procedure. There is a superficial between second and third toes, pink in color, skin moist. The LPN replaced her gloves. The LPN applied a maxorb silver dressing between the toes and wrapped the right foot with a kerlex roll. With the clean kerlex roll, the resident's right foot was resting on the tile floor with no barrier at this time. The LPN placed the other dressing supplies directly on the tiled , including scissors, tape, and normal . The LPN signed and dated the dressing and reapplied a soiled pair of socks. The LPN removed her gloves and discarded them in the trash can. The LPN failed to wash her hands after removing her gloves and before exiting the . The LPN failed to rinse or the scissors that were laying on the floor and placed them back in her pocket. The LPN then wheeled the resident back to the media .

During an interview with Staff C on at 2:11 PM, she stated that she had been an LPN for 4 years and has worked here for 2 1/2 years. When asked about the facility's policy on handwashing, the LPN replied handwashing is done in between residents, in between changing of gloves, and every time you take off your gloves. Staff C confirmed at 2:12 PM that she failed to wash her hands after

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discarding her last pair of gloves. Staff C confirmed that she failed to clean, rinse or her scissors and also stated; "I should have placed a towel on the floor as a barrier."

Review of the facility's hand washing policy provided by the Executive Director on at 4:00 PM, revealed an effective date of . Page 1 of 3 reads: Personnel shall wash their hands to prevent the spread of and to other residents, personnel, and visitors. Appropriate ten to fifteen second hand washing must be performed under the following conditions: e) before and after performing dressing care. Page 3 of 3 of the policy reads: An essential component of control is handwashing.

Class III

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