AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968388	10/12/2016
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

A complaint investigation, (CCR# 2016008876), was conducted at Angels Senior Living at Connerton Court on /_/_ in conjunction with a biennial survey with limited nursing services (LNS). Angels Senior Living at Connerton Court had deficiencies at the time of the investigation.

(License number # 12268)

0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to provide proof that residents can present grievances to the staff of the facility.

Findings included:

A review of the facility's document, "Policy on Complaints" , was conducted and it stated that a complaint record is kept in the administrator ' s office, along with its resolution and time frame.

The administrator was interviewed at 11:35 AM on / and was asked to provide the facility's grievance log (complaint record). The administrator stated that there was no grievance log.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to provide a menu dated at least one week in advance or provide a file of regular and therapeutic menus that were served over the past six months.

Findings included:

A dining and food service review was conducted on /. A request was made shortly after 9:00 AM on /16 to provide the facility's 6 month file of dated regular and therapeutic menus.

The food service director was interviewed at 12:35 PM on and asked for the facility's dated menu for the week as well as their 6 month file of dated regular and therapeutic menus. The food service director stated that they did not have the dated menu and stated that they only had 2 months of

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dated menus on file.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: Biennial with LNS & **CCR# 2016008876**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and a complaint survey that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 surveys, which may include desk reviews or onsite revisits.

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.

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Twitter.com/AHCA_FL
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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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547

XG90