RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

Administrator
Osprey Lodge
1761 Nightingale Ln
Tavares, FL 32778

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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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
	AL11968349	09/14/2016
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 Initial Comments

On and , a biennial licensure survey with Extended Congregate Care (ECC), as well as initial Limited Nursing Services (LNS) monitoring, was conducted at Osprey Lodge Assisted Living Facility (facility license number 12259). During the survey, deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to ensure documentation for Resident Health Assessments (AHCA Form 1823) was completed for 1 of 10 residents (Resident #10).

Findings:

During an interview on at 2:20 PM with Resident #10, she stated that her niece fills her medication pill box weekly (sometimes daily), and she takes the pills by herself from the pill box. She stated staff does not assist her to take her medications.

During an interview on at 2:33 PM with Resident #10's niece, she stated, "I fill my aunt's pill box for her and place the pill box so that she can reach it. I place four pills in the pill box for each day and she knows to take the four pills each day."

On , a record review of Resident #10's Resident Health Assessment (AHCA Form 1823), dated , revealed the resident needs assistance with self-administration of medications.

During an interview on at 2:55 PM with the Director Of Nursing (DON), who reviewed Resident #10's record with the surveyor, she confirmed that the resident's Resident Health Assessment (AHCA Form 1823) documented that the resident needs assistance with self-administration of medications. The DON confirmed that the resident's niece, and not the facility staff, sets up the resident's pill box in her , then the resident is able to self-administer her medications.

Class III

0052 Medication - Assistance with Self-Admin

Based on interview and record review, the facility failed to ensure PRN (as needed) medication was given by unlicensed staff for 1 of 1 residents (Resident #2).

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	AL11968349	**09/14/2016**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

Findings:

On [redacted] at approximately 1:47 PM, an interview was conducted with Resident #2. During the interview the resident stated she has a cream she is supposed to have put on her knee for pain four times a day and the girls (staff) only give it to her 2 or 3 times a day and she does not know why.

On [redacted], a record review was conducted on Resident #2's Medication Observation Record (MOR). The MOR stated the medication is Voltaren 1% gel, apply to [redacted] four times daily, as needed, for pain. The MOR shows the resident only received the gel four times on [redacted].

On [redacted] at 12:25 PM, an interview was conducted with the facility's charge nurse. She stated that the unlicensed staff will not give the gel to Resident #2 unless she asks for it, because they are not licensed and cannot give a PRN (as needed), unless she asks.

Class III