RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Plantation On Summers Llc (the)
147 Sw Summers Lane
Lake City, FL 32025

RE: CCR #201600827, 2016009260, 2016009908

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,

Kriste J. Mennella
Field Office Manager

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
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KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910289	10/18/2016
NAME OF PROVIDER OR SUPPLIER **PLANTATION ON SUMMERS LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **147 SW SUMMERS LANE** **LAKE CITY, FL 32025**	

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

0000 Initial Comments

On . . . 18, 2016, three complaint investigations (CCR#2016008827, #2016009260, #2016009908) and a 6 month monitoring survey was conducted at The Plantation On Summers, LLC (facility license number 5191). During the investigation deficient practice was identified. The facility was not in compliance at this time.

0028 Resident Care - Activities of Daily Living

Based on observation, interview and record review, the facility failed to provide supervision and assistance with activities of daily living (ADLs) for 1 of 1 resident (Resident #4).

Findings:

On at approximately 2:08 PM, Resident #4 was observed to be sitting outside in the courtyard wearing a blue T-shirt and gray pants. On the front of the T-shirt was a large brown spot which looked like mud. The resident also had a similar large spot on the right side of his pants.

On at approximately 2:08 PM, Resident #4 was asked what the brown substance was on his shirt and pants and he stated "poop." He said he did not ask anyone to help him change his clothes because he did not have any clean clothes.

On , a record review was conducted on Resident #4. His Resident Health Assessment (AHCA Form 1823), dated , stated on page two for activities of daily living (ADLs), the resident's self care needs was checked supervision, and comments stated needs reminders. Toileting was checked independent, but comment stated he needs assistance/constipated at times.

On at approximately 3:01 PM, an interview was conducted with the manager concerning Resident #4's condition. She stated we have approached Resident #4 about his soiled clothing in the past, but he gets agitated. He then spits, and swings his cane at staff. She was asked if his doctor has been called. She stated yes we called his psych doctor and he said keep an eye on him. She stated he also has a primary physician, but they haven't contacted her.

On at approximately 3:10 PM, the Administrator stated this was the first he heard about Resident #4's non-compliance. He stated he was going to contact the case manger and tell him that they cannot meet his needs.

Class III

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