RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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/CB
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-
Phone:(386) 462-6201; Fax:(386) 418-5300
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910289	R **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, a follow-up survey on complaint investigation (CCR#2016009899) was conducted at Plantation On Summers Assisted Living Facility (facility license number 5191). Deficient practice was identified during the survey. The facility was not in compliance at this time.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to file all required Adverse Incident Reports with the Agency for 2 of 2 residents (Resident #1 and #2).

Findings:

On , a record review was conducted on Resident #1, who eloped from the facility on and law enforcement became involved. On , the facility filed a one day Adverse Incident Report (#407248) in reference to Resident #1's elopement. As of , the facility had not filed the fifteen day Adverse Incident Report as required.

On at approximately 3:00 PM, an interview was conducted with the Administrator in reference to why the facility did not file the fifteen day Adverse Incident Report concerning Resident #1. He stated that in the one-day report he notified the Agency the resident had been found in Georgia and he did not see a reason to file the fifteen day report because the resident had been found.

On at approximately 12:36 PM, the Administrator stated former resident (Resident #2) was in the facility for hitting a staff member around the date of . He was asked if the facility had filed an Adverse Incident Report with the Agency and he stated no, because he had only been there fifteen days.

On , a record review was conducted on former resident (Resident #2) facility records. It was observed that a observation log entry for Resident #2, dated , stated Resident #2 threatened to "F-up" staff. Law enforcement was called and the resident was for battery on a law enforcement officer.

Class III