STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922285	12/20/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **333 16TH AVENUE SOUTHEAST** **LARGO, FL 33771**	

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

0000 - Initial Comments

Assisted Living Facility

On 20, 2016, a biennial re-licensure survey with extended congregate care (ECC) services was conducted at Princeton Village of Largo, Assisted Living Facility, (lic# 7933). Deficient practice was identified at the time of the visit.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on records review and interview, the facility failed to update the ECC service plans on a quarterly basis for four out of four ECC residents (#4, #5, #6, and #7).

Findings Included:

During a review of the facility's ECC records at 1:00pm on , it was revealed that the facility's policy and procedure for ECC residents stated that each ECC resident would have an initial service plan agreed upon by the resident and/or responsible party and that every quarter (3 months) the service plan would be reviewed and updated, also agreed upon by resident and/or responsible party.
A review of the service plans of all four of the ECC residents showed that, while having an initial service plan agreed to and signed off by the resident or responsible party, none of the plans had been updated on a quarterly basis as the policy and procedure required. Resident #4's service plan had been last updated on and should have had an 2016 update, but did not. Resident #5's service plan had been last updated on and should have had updates in 2016 and in 2016, but did not. Resident #6's service plan had been last updated on and should have had updates in 2016 and in 2016, but did not. Resident #7's service plan had been last updated on and should have had updates in 2016 and in 2016, but did not.

In an interview with the ECC supervisor/administrator at 1:15am, it was stated that the facility was not able to locate any updated service plans for the four ECC residents, the updates had not been done and that this was an oversight. The ECC supervisor/administrator stated that the ECC service plans would be updated as soon as possible and that they would be on top of things better in the future.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December [illegible], 2016

Administrator
Princeton Village of Largo
333 16th Avenue Southeast
Largo, FL 33771

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) services that was conducted on [illegible], 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the identified deficiency. Submit summary and documents to the Field Office no later than [illegible], 2017.** 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 deficiency 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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,

Paul M Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90