Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968977	A. BUILDING: _____ B. WING _____	12/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT BONITA SPRINGS	27221 BAY LANDING DR BONITA SPRINGS, FL 34135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Limited Nursing Services monitor survey was conducted at Inspired Living, an assisted living facility (license #12802) in Bonita Springs, Florida. The following is description of the deficiencies:	A 000		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a nursing assessment was conducted at least monthly and maintained on each resident who receives a limited nursing service (LNS) for 1 (Resident # 2) of 2 residents. The findings included: 1. Record review for Resident #2 revealed an original order for LNS, dated ., for "compression stockings on every morning and off every evening, admit to LNS for compression stockings." An additional order dated , documented "admit to LNS services for knee-hi compression stockings, [diagnosis] , on in morning off at hour of sleep." There were no documented LNS monthly assessments present in the file from to .	AN278		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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AN278	Continued From page 1 2. On at 1:10 p.m., the Executive Director (ED) and Health and Wellness Director (HWD) stated they were new to this process and were unaware the monthly assessments had to be completed by an registered nurse (RN). They verified the monthly summaries being completed by the licensed practical nurse were not monthly assessments. The ED said she knows they can't fix the past mistakes but in the future she will ensure the monthly assessments are completed by the RN. Class III	AN278		

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Inspired Living At Bonita Springs
27221 Bay Landing Dr
Bonita Springs, FL 34135

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative of this office.

Attached 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 , 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 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. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:
Enclosure

XG90

Fort Myers Field Office
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Fort Myers, , 33901
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AHCA.MyFlorida.com