RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
Hunter's Crossing Place-Memory Care
4607 Nw 53rd Avenue
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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 [redacted], 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
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	11/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER'S CROSSING PLACE-MEMORY CARE	4607 NW 53RD AVENUE GAINESVILLE, FL 32606

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

0000 - Initial Comments

On 16, 2016 through 17, 2016, a Change of Ownership licensure survey with Limited Nursing Services (LNS) was conducted at Hunters Crossing Place-Memory Care Assisted Living Facility (facility license number 9442). Deficient practice was identified during the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to update a Resident Health Assessment (AHCA Form 1823) for 1 of 2 residents (Resident #9) after a significant change in condition.

Findings:

On 11/ a record review of Resident #9 showed the resident had a Resident Health Assessment (AHCA Form 1823) completed on . The AHCA Form 1823 did not reveal the resident as having any . A review of the physician's order, dated , showed to paint left heel with , place mesalt, wrap with Kerlix Mondays, Wednesdays, and Fridays, and as needed; offloading left heel 24/7.

On 11/ , a review of the assessment tool report for Resident #9 from the Home Health Agency, dated , showed the resident had an unstageable to her left heel.

During an interview on / at 3:12 PM with the Limited Nursing Services (LNS) nurse, she stated Resident #9 was admitted to the facility in of this year (2016) from another facility with the to her left heel. The LNS nurse discovered upon admission of the resident to the facility on , the resident had a , on her left heel. The LNS nurse confirmed the AHCA Form 1823, dated , did not reflect that the resident had a .

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to maintain 1 of 2 locked storage (storage the dining salon) containing medications and supplies at all times.

Finding:

A Facility tour conducted on / at 9:59 AM revealed that a storage door located next to the dining beauty salon was not secured and locked. Ointments and medical supplies were

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visible and accessible to all residents and visitors in the facility. (Photographic evidence obtained)

On 11/16/2016 at 10:12 AM an interview was conducted with the Executive Director, who confirmed the unsecured door not being locked and stated that it should be locked at all times.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have an annual documentation of freedom from ( ) for 2 of 3 employees (Staff B and C).

Findings:

On / , a record review was conducted on care staff (Staff B and C), which showed Staff B was hired on and her last exam was completed on . Care Staff C was hired on / and her last exam was completed on .

On / at approximately 10:26 AM, an interview was conducted with the Business Office Director in reference to not having an annual exams for Staff B and C. She stated she was new to the position and there was no spread sheet to show when the employees exams expired. She is in the process of reviewing all employee files to make sure they are up to date.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have on file all of the in-service training documentation for 3 of 3 care staff (Staff A, B and C).

Findings:

On / , a record review was conducted on Staff A, who was hired on / . It was observed that there was no documentation in her training records for Incident Reporting, Recognizing and Reporting , Neglect and . During the record review for Staff B, who was hired on , there was no training documentation for Incident Reporting, and only 1 hour of Activities of Daily Living/Behavior Needs Training (Staff B is not a Certified Nurses Assistant[CNA]). During the record review for Staff C, who was hired on / and is not a CNA, there was no training documentation for Activities of Daily Living/Behavior Needs.

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Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to obtain a new level 2 background screening for 2 of 3 staff members (Staff B and C) that had an expired background screening.

Findings:

On 11/17/2016, a record review was conducted on Staff B, who was hired on . Her last level 2 background screening was done on 11/ . There was no record of a new screening for Staff B.

On / , a record review was conducted on Staff C, who was hired on / . Her last level 2 background screening was done on . There was no record of a new screening for Staff C.

On / at approximately 10:26 AM, an interview was conducted with the Business Office Director concerning the expired level 2 background screenings for Staff B and C. She stated she was new to the position and she did not know why the level 2 background screenings were not done. She stated she was in the process of reviewing staff records and had not gotten to theses employees.

Unclassified