

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942783	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER FAIRWAY PINES AT SUN N LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 5959 SUN N' LAKE BLVD. SEBRING, FL 33872	

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

0000 - Initial Comments

Assisted Living Facility Fairway Pines at Sun ' N ' Lake, License #5105

An unannounced LNS Monitoring Survey was conducted on 1/31/17.

The Fairway Pines at Sun ' N ' Lake Assisted Living Facility, had deficient practice at the time of this visit.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

The facility failed to contract with a qualified Registered Nurse to provide nursing services to ensure the provision of Limited Nursing Service.

Findings Included:

A review of the Limited Nursing Services (LNS) records at 11:00am 1/31/17, revealed that the facility had contracted with a licensed RN in the State of Florida. The record review revealed that the LNS nurse had a valid RN license that expires 7/31/2018; however a review of the background screening website shows the nurses' eligibility determination read "A new screening is required". The most recent determination was made on 1/4/2012.

In an interview at 11:15am, the Administrator stated she would contact the contracted RN to obtain a copy of the background screening. At 12:34 on 1/31/17, in an email, the Administrator stated, "I spoke with the RN and she is listed in the background screening clearinghouse but it is indicating that a new screening is required. She is getting that done today and we should have a copy in two or three days. I will E-mail this to you as soon as I receive it. "

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 2, 2017

Administrator
Fairway Pines at Sun N Lake
5959 Sun N' Lake Blvd.
Sebring, FL 33872

Dear Administrator:

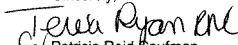
This letter reports the findings of a limited nursing services (LNS) monitoring survey that was conducted on January 31, 2017 by representative(s) of this office.

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 identified deficiency. Submit summary and documents to the Field Office no later than February 12, 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan, RNC**, at 727-552-2000.

Sincerely,


for Patricia Reid Cauffman
Field Office Manager

PRC/kpr
Enclosure: State (5000-3547) Form

XG90

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