STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	R 02/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER'S CROSSING PLACE-ASSISTED LIVING	**4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606**

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

0000 - Initial Comments

On , 2017, a follow-up survey was conducted at Hunter's Crossing Place-Assisted Living Facility (facility license number 9004). During the survey, deficient practice was identified.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to obtain a clarification medication order for 1 of 1 residents (Resident #9).

Findings:

On , a record review was conducted on Resident #9's Medication Observation Record (MOR), dated . It was observed the medication orders for tab 1 mg stated one tab orally daily with breakfast following left arm and leg for 3-5 days PRN. This order was not clarified as previously requested.

On at approximately 11:00 AM, the facility nurse stated he stopped by University of Florida (UF) Health to pick-up the clarification order for Resident #9 1 mg tab, but it was not ready.

On at approximately 11:30 AM, an interview was conducted with UF Health receptionist. She reviewed Resident #9's order log and she stated the request for the clarification order for Resident #9's was just put into the system and they are waiting on the physician to sign it.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 staff members (Staff A) completed 3 hours of Activities of Daily Living (ADL) Behavior Needs Training as required.

Findings:

On , a record review was conducted on Staff A, which showed that Staff A only had 1 hour of Activities of Daily Living and Behavior Needs Training on .

On at approximately 11:42 AM, the Administrator stated she did not know that Staff A only had 1 hour of ADL Behavior Needs Training instead of 3 hours as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	R **02/07/2017**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	R 02/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER'S CROSSING PLACE-ASSISTED LIVING	**4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606**

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

0000 - Initial Comments

On , 2017, a follow-up survey was conducted at Hunter's Crossing Place-Assisted Living Facility (facility license number 9004). During the survey, deficient practice was identified.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to obtain a clarification medication order for 1 of 1 residents (Resident #9).

Findings:

On , a record review was conducted on Resident #9's Medication Observation Record (MOR), dated . It was observed the medication orders for tab 1 mg stated one tab orally daily with breakfast following left arm and leg for 3-5 days PRN. This order was not clarified as previously requested.

On at approximately 11:00 AM, the facility nurse stated he stopped by University of Florida (UF) Health to pick-up the clarification order for Resident #9 1 mg tab, but it was not ready.

On at approximately 11:30 AM, an interview was conducted with UF Health receptionist. She reviewed Resident #9's order log and she stated the request for the clarification order for Resident #9's was just put into the system and they are waiting on the physician to sign it.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 staff members (Staff A) completed 3 hours of Activities of Daily Living (ADL) Behavior Needs Training as required.

Findings:

On , a record review was conducted on Staff A, which showed that Staff A only had 1 hour of Activities of Daily Living and Behavior Needs Training on .

On at approximately 11:42 AM, the Administrator stated she did not know that Staff A only had 1 hour of ADL Behavior Needs Training instead of 3 hours as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	R **02/07/2017**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

Class III