STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	**02/28/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE HARRIS INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 LAKE PORT BOULEVARD** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On , 2017, a complaint investigation (CCR#2016013971) was conducted at Lake Harris Inn Assisted Living Facility (facility license number 7545). During the survey deficient practice was identified.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtained omitted information for the Resident Health Assessment (AHCA Form 1823) for 1 of 3 residents (Resident #2).

Findings:

On , a record review was conducted on Resident #2's 1823 health assessment, dated . It was observed that the required comments for activities of daily living were missing from page 2. It was also observed that page 3 was missing the required comments for self-care tasks.

On at approximately at 1:40 PM, the Wellness Director stated she did not know why the omitted information was not obtained for Resident #2 . The director stated she did not know they could obtain the omitted info from the doctor.

Class III