

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910496	(X3) DATE SURVEY COMPLETED 05/08/2017
NAME OF PROVIDER OR SUPPLIER KIVA AT CANTERBURY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE #10 7TH STREET BONITA SPRINGS, FL 34134	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017001612 was conducted on _____ at Kiva At Canterbury, an assisted living facility, (license #7622) located in Bonita Springs, Florida.

The complaint contained 1 allegation, which was substantiated with a deficiency.

The following is a description of the deficiency.

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview, the facility failed to ensure medical records requested by the power of attorney (POA) for 2 (Resident#1 and #2) of 3 residents were acted upon promptly.

The finding included:

A review of Resident #1's medical record revealed that it contained three certified registered letters requested by the POA for copies of Resident #1's medical record. Attached with the letters was a notarized signed copy of the POA requesting information to be forwarded to the POA. The dates of the letters were _____, _____, and _____; all letters received noted specific documents from the resident's medical record.

A review of Resident #2's medical record revealed a registered certified letter requested by the Power of Attorney (POA) for a copy of Resident #2's medical record. Attached with the letter was a notarized signed copy from the POA requesting information to be sent to the POA. The letter was dated _____, with a list of specific documents from the medical record.

There was no documentation in either resident record to document whether the information requested was sent to the POA.

During an interview with the Administrator on _____ at 2:00 p.m., in reference to complying with the request from Resident #1 and #2's POA, the Administrator said she sent the requests to her boss who is the owner of the Assisted Living Facility (ALF). The Administrator also said the requests for the medical records were sent to both resident's POA. The Administrator also said she does not have proof of the information being sent, as she did not send the information out registered or certified mail.

A phone conversation with the facility owner was conducted on _____ at 2:15 p.m. The owner of the

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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ALF said, "the administrator sent the requests to me (the owner) when she received them and I sent them to my insurance company for review, before sending the information to the POA." The owner confirmed he had received three letters from Resident #1's POA before acting on the request. The owner also said, "I guess from now on we will be sending requests like this registered certified mail." He added, "we have never had to do this in the past." Class III		