STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965538	**11/08/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6150 LAKELAND HIGHLANDS ROAD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial re-licensure survey with Extended Congregate Care (ECC) was conducted on .
The Hawthorne Inn Lakeland, Assisted Living Facility, (License # 9877), had deficiencies at the time of the visit.

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on records review and interviews, the facility failed to coordinate a written service plan within 14 days of receiving Extended Congregate Care (ECC) services for 2 of 2 residents (#6 & #7).

Findings included:

During a review of the facility's ECC records at 10:30am on , the facility declared that they had 2 residents receiving ECC services; Resident #6 and Resident #7. Both residents had been receiving ECC services for more than 14 days.

A review of Resident #6's records revealed a physician's assessment dated that stated that Resident #6 required . The facility's ECC records indicated that Resident #6 was receiving . A review of Resident #6's records was missing a written service plan, required as part of receiving ECC services.

A review of Resident #7's records revealed a physician's assessment dated that stated that Resident #7 was visually . The facility's ECC records indicated that Resident #7 was receiving post-surgical care following a recent eye surgery. A review of Resident #7's records was missing a written service plan, required as part of receiving ECC services.

An interview with the Resident Services Director at 11:30am revealed that the facility was unaware that a written service plan, to be updated quarterly, was required for residents in the ECC program. An interview with the Administrator at 12:00pm revealed that the facility was unaware of that a written service plan, to be updated quarterly, was required. The Administrator stated that the facility was researching all of the ECC program requirements and would be making changes in order to be compliant.

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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
	AL11965538	**11/08/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6150 LAKELAND HIGHLANDS ROAD** **LAKELAND, FL 33813**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on records review and interview, the facility failed to register employees with the Background Screening Clearinghouse Roster for 3 of 4 (Staff A and Staff C) employees reviewed.

Findings included:

An employee records review was conducted on at 11:30am. The following employee records were reviewed; the Administrator, Staff A, Staff B and Staff C. Of the 4 employee records reviewed, 2 were not listed on the Background Screening Clearinghouse Roster dated . Staff A was employed by the facility on and was eligible for employment based on a Level II background screening dated , but was not listed on the roster. Staff C was employed by the facility on and was eligible for employment based on a Level II background screening dated , but was not listed on the roster.

In an interview with the Administrator at 1:00pm, the Administrator stated the facility was unaware that the Background Screening Clearing House Roster was not complete and up to date, listing all employees. The Administrator stated that the facility would correct this oversight.

Unclassified