| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968651** | **07/31/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**CRANES VIEW LODGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1601 HOOKS ST**<br>**CLERMONT, FL 34711** | |

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

**0000 - Initial Comments**

On an unannounced complaint survey (CCR#2017004851) was conducted at Crane's View Lodge, license #12546. The facility was not in compliance at the time of the survey.

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

Based on record review and interview, the facility failed to obtain omitted information for a Resident Health Assessment (AHCA form 1823) for 1 of 1 sampled residents (Resident #1) by failing to specify the type of supervision or assitance required by the resident.

Findings

On a record review was conducted of Resident #1's clinical record. The record revealed a Resident Health Assessment (AHCA 1823) dated . AHCA 1823 had omitted information on Page 2, Section 1: Health Assessment. The sections titled ambulation, bathing, dressing, self care ( ) toileting, and transfering were marked that the resident requires supervision with these tasks. There is no documentation of the extent or type of supervision the resident required.

On at 4:57 PM, and interview was conducted with the Director of Health Services (DHS). The DHS acknowledged that there was omitted information on Resident #1's ACHA 1823 dated .

Class III