STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	**12/26/2017**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On , 2017 an unannounced Limited Nursing Service monitoring survey was conducted at Hunter's Crossing Place-Memory Care (License # 9442). Deficient practice was identified at the time of the survey.

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview, the facility failed to maintain a monthly nursing assessment on 4 of 5 residents (Resident 1-4) receiving limited nursing services.

Findings:

On at 11:00 AM, a record review was conducted for the residents identified as receiving Limited Nursing Services at the facility. Resident #1, #2, #3, and #4 did not have monthly nursing assessments for the month of .

In an interview on at 12:45 PM, the acting Resident Care Manager confirmed there was not monthly nursing assessments for Resident #1, #2, #3, or #4.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	**12/26/2017**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

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Class III