STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965130	02/07/2018
NAME OF PROVIDER OR SUPPLIER **SPRINGS OF LADY LAKE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 GRIFFIN AVE.** **LADY LAKE, FL 32159**	

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

0000 - Initial Comments

On , 2018, an unannounced complaint survey (CCR#2018001268) was conducted at Springs of Lady Lake Assisted Living Facility (license # 9531), Lady Lake, FL. Deficient practices were identified at the time of survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards for 1 of 61 residents (resident #1).

Findings:

At approximately 1:35 PM on , unsecured canisters were observed in the resident #1's , which can jeopardize the resident's safety (photographic evidence obtained)

At approximately 1:59 PM on , an interview was conducted with the director of resident care, who confirmed that the canisters were not secured in the resident #1's .

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report an adverse incident to the agency for 1 resulting in of bones or joints, requiring transfer of the resident for acute care.

Findings:

At approximately 1:35 PM on , an interview was conducted with resident #1, who stated: "I at the end of 2017 just before Halloween. I broke my leg. I shattered my femur. They sent me to the hospital."

On , record review of the resident #1's progress note indicated that on , the resident #1 had lost her balance and in the was called and the resident were transferred to the TVRH (The Villages Rehabilitation Hospital)."

On , record review of AHCA Health Assessment (1823) Form dated indicated that

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the resident had the diagnosis of of femur.

On , record review for resident #1 indicated that the resident was re-admitted by the facility on .

At approximately 2:35 PM on , an interview was conducted with the director of resident care, who confirmed that the facility did not file an adverse incident report to the agency regarding the incident related to resident #1, stating: "It was not an adverse incident. She was in the it happened in her , and we took her to hospital. We could not have control of the incident. Because she was independent before ." The facility provided no investigation documentation showing that the facility could not have exercised control over the event.

Class III