STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

0000 - Initial Comments

Relicensure survey was conducted on . . . . . Cornerstone Longwood Leasing LLC, License #5315, had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review, medication observation record review, observations and interviews, the facility did not provide pain medications timely causing the resident to suffer needlessly in pain , did not provide her breathing treatments medications to her for self-administration as ordered by the health care provider for 1 of 7 sampled residents (#13), and did not perform quality controls for a resident who received glucose testing (#3).

Findings:

On at 11 AM, resident #13 said on about 3 occasions when she had scheduled health care provider's appointments, she was usually away from the facility from around 1 PM returning around 5 PM because she had to wait for transportation to bring her back. She said during this time, she had missed 2 doses of her pain medications because she was not allowed to take them with her. She said one of the medications she could have 4 times a day and the other was 3 times a day. She said the staff would tell her because she missed 2 dosages while she was away to her appointment, she would have to wait until the next dosage that the facility had scheduled for 8 PM.

Resident #13 said her body was used to getting the medications, and because she did not have them, she would suffer in pain until she could get the 8 PM dosage. She said on . . . . when she returned to the facility from her appointment, she asked for her medication and the staff informed her she had to wait until 8 PM. She said she complained of pain to the staff and knew she could not wait until the 8 PM dosage because she had severe pain. She said she had to continue to ask and insist that the staff call the physician so that she could get her pain medication. She said she arrived back to the facility a little before 5 PM, and had to wait until the facility could determine whether to call the physician. After the facility contacted her physician, she received the medication at 7 PM. She said at around 10:30 PM she received the next dosage.

Resident #13's record revealed a resident health assessment form, dated , with diagnoses that included . . . . . and spinal . . . . . The physician noted she required assistance with the self-administration of her medication but could self-administer all treatments.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	02/06/2018
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

The medication observation record (MOR) noted the following pain medications: 10 milligrams (mg.) one tablet 4 times a day for pain at 8 AM, Noon, 4 PM and 8 PM, and 50 mg. one tablet 3 times a day at 8 AM, 2 PM and 8 PM, hold if not in pain. The order for the medications did not list a specific time the medications were to be given to the resident. The times on the MOR was a guide for the facility to use to keep a record of the time span of the medications given.

Review of the MOR on at noon and 4 PM had staff initials with a circle for 10 mg., and for 50 mg. on at 2 PM. The back of the MOR noted at 12 noon for 10 mg. and at 3 PM for 50 mg., the resident was out of the building and the medications were not given to the resident. On at 6 PM, the staff noted the and was given. On at 8 PM, the staff initialed the MOR for the and . However, this would have been too early to give, since it was signed as given 2 hours previously at 6 PM.

The resident care notes on at 5:30 PM read, "received verbal order from doctor...to give missed dose of meds due to resident being out of facility at doctor's appointment. 2 PM dose: 50 mg. tablet, take 1 by mouth 3 times a day."

On at 3 PM, the administrator said the resident returned after it was time for her to get her pain medications because the facility could only give the medication 1 hour before and 1 hour after the medication was scheduled. She was informed that there was no order to give the medication at a specific time. If the resident returned from an appointment and was in pain, the medication should have been provided and the staff would have to adjust the time of the next dose. The administrator said the staff called the physician when resident #13 arrived back after 5 PM and the medication was given to her.

The administrator was informed at the time the facility staff obtained a verbal order at 5:30 PM, and according to the MOR, resident #13 did not get the medication until 6 PM. She was informed there was no requirement to contact the physician because the resident had not taken the 4 times that day and had she taken the 3 times that day. There was no order for the medication to be give specifically at the time the facility had noted on the MOR. The administrator said she was not aware the medication could be given at times other than what the facility had noted on the MOR.

Resident #13 said on at 2 PM, that she had an appointment with her doctor on and he informed her that he would be changing some of her breathing treatments; she was told he would send the order to the pharmacy and the medications would be sent to the facility. She was told she would receive a new machine and she had received that already.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE LONGWOOD LEASING, LLC	**480 EAST CHURCH AVENUE LONGWOOD, FL 32750**

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

Resident #13 said she was allowed to administer all of her breathing treatment and inhalers. She said she became concerned and called her , , physician's office on at 1 PM and was told that the prescription was electronically sent to the pharmacy and it was filled on and arrived to the facility on /8. She said when it was delivered to the facility it was signed and accepted by the director of nursing (DON). She said she asked Licensed Practical Nurse (LPN) E had she received her medications, and the LPN told her she had not. On at 3:30 PM, the DON was asked if she had signed for the resident's medication and she said she had not.
At 3:35 PM, with the DON, resident #13 said they did tell her the DON had signed for the medications. At that time, the DON said she did recall receiving the medication, and said she had given it to LPN E, because she was new at the facility and did not know what to do with it and was not familiar with the resident. Resident #13 said at the time they had met, she did know who the DON was. The DON then went to the nurses' station and pointed out the box that was sitting on the desk. She said the medication was not given because she was going to call the physician because there was no order at the facility for medication. Inside of the box was the medication for resident #13 with prescription labels that included the following: Perforomist inhalation 20 micrograms (mcg.) - use 1 vial in twice daily, morning and evening,1 box of 60 vials and 2 boxes of 30 vials each of 0.25 mg. -use 1 vial in twice daily, 2 small packages of in the box that did not have a prescription label. The DON said they did not belong to resident #13 and did not know who they belonged to. The DON was informed at the time that the physician should have been contacted the day the medication arrived for orders and not 6 days later.

On at approxiamtely 3:50 PM, the DON reviewed resident #13's MOR and said the order for the had decreased but the 2018 MOR noted 0.5 mg. - use 2 vials via as directed twice daily. The Perforomist was a new medication and was not listed on the MOR.

On at 4 PM, LPN E said she was not given the medication because the DON stated and knew nothing about it being there for her to review.

On at approxiamtely 4:10 PM, the DON provided a copy of the fax of the prescription from the pharmacy. The order had the above medications and was dated . Review of the prescription also noted 2.5 mg. four times daily - quantity 60.

On at 4:15 PM, the DON was asked if she knew if the had arrived. She reviewed the order and said she did not notice that. At 4:30 PM, the DON said the pharmacist said there was some type of contradiction with the medications and had to get the physician to change the dosage.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	02/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE LONGWOOD LEASING, LLC	**480 EAST CHURCH AVENUE LONGWOOD, FL 32750**

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

The facility had resident's #13's treatments in the facility for 6 days and did not provide it to the resident after her physician prescribed the new changes and medications. A third medication was not delivered to the facility. The facility did not make any efforts to provide the resident her medication or call the pharmacy or physician for clarification when it arrived. The facility did not clarify and provide the medication to the resident until resident #13 had concerns and was brought the facility staff's attention on during the survey.

2. Observations made during a medication pass for resident #3 on at 11:40 AM revealed LPN E asked the resident to state his name and date of birth. The nurse then sanitized her hands and told the resident that she was going to check his sugar. She unlocked the medication cart, removed the testing supplies, donned gloves, placed a lancet into the lancet device, removed a test strip from its vial, and placed the strip into a glucose testing machine. She prepped the resident's left thumb with , used the lancet device to stick his finger, then drew up into the testing strip. The sugar result was 236. She told the resident the results of the test then she removed her gloves and sanitized her hands.

The label on the vial of testing strips revealed it contained the following information: 1- 23-53 milligrams per deciliter (mg/dl), 2- 99-135 mg/dl, and 3- 269-363 mg/dl, which was indicative that quality control testing was to be performed.

On at 11:50 AM, LPN E said quality control testing was never performed.

A health assessment form 1823, dated on , indicated that resident #3 required assistance with self-administration of medications, a nurse was to administer his , and he required glucose monitoring.

Review of the operating manual for the brand of testing machine and strips used by the resident revealed the manufacturer recommended that quality control testing with three levels of solution be performed occasionally as the vial of strips was used and when a new vial of strips was opened, to ensure accurate and reliable results were obtained. (trividiahealth.com.)

On at 4:05 PM, the administrator provided the user's booklet for the resident's testing machine. The booklet indicated quality control testing should be performed and instructions were provided on when and how to use the control solutions to perform the testing. The administrator confirmed the findings.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on record review, medication observation record review and interview, the facility failed to ensure that when 1 of 6 sampled residents who received assistance with the self-administration with medication was away from the facility for scheduled medical appointments, her medication were provided to her to take with her to her appointments to enable the resident to take the medications as prescribed (#13).

Findings:

On . . . . at 11 AM, resident #13 said on about 3 occasions when she had scheduled physician appointments, she was usually away from the facility from around 1 PM returning around 5 PM because she had to wait for transportation to bring her back. She said during these times, she had missed 2 doses of her pain medications because she was not allowed to take them with her. She said one of the medications she could have 4 times a day, and she would miss 2 of her doses while away, and the other was 3 times a day and she would miss 1 dose. She said staff would tell her because she missed 2 dosages while she was away to her appointment, she would have to wait until the next dose that the facility had scheduled for 8 PM. She said the facility staff told her she could not take the medications with her.

Review of the . . . . medication observation record MOR noted the following pain medications:
. . . . 10 milligram (mg.) one tablet 4 times a day for pain at 8 AM, Noon, 4 PM and 8 PM, and
. . . . . 50 mg, one tablet 3 times a day at 8 AM, 2 PM and 8 PM, hold if not in pain.

On . . . . . at 3 PM, the administrator said she did not know if the resident could take the medications with her because she required assistance with the self-administered her medications.

The regulations were reviewed with the administrator and she said she understood. She was informed there had to be some type of system in place to ensure the medications were ready for the resident before they would have to leave for their appointments

On . . . at 5 PM, an interview was conducted with unlicensed staff A who provided assistance with the medication. She said she could not give the medication to the resident to take with her, it would have to be a nurse.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE LONGWOOD LEASING, LLC	**480 EAST CHURCH AVENUE LONGWOOD, FL 32750**

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

Based on observations, record review and interview, the facility failed to obtain an order from a physician for 1 of 6 sampled residents who received medication administration (#3).

Findings:

Observations made during a medication pass for resident #3 on at 11:40 am revealed staff E, a licensed nurse, asked the resident to state his name and date of birth. The nurse then sanitized her hands and told the resident that she was going to check his sugar. She unlocked the medication cart, removed the testing supplies, donned gloves, placed a lancet into the lancet device, removed a test strip from its vial, and placed the strip into a glucose testing machine. She prepped the resident's left thumb with , used the lancet device to stick his finger, then she drew up into the testing strip. The sugar result was 236. She told the resident the results of the test then she removed her gloves and sanitized her hands.

Review of the , 2018 Medication Administration Record (MAR) for resident #3 revealed entries to check his sugar before breakfast, lunch, and dinner.

Review of a health assessment form 1823, dated on , indicated that resident #3 was to have glucose monitoring. However, the form nor his record contained an order from a health care provider to indicate the frequency of testing his sugar.

On at 3 PM, LPN E confirmed the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviews and interview, the facility failed to ensure the medication observation record was updated for 1 of 6 sampled residents who required assistance with self-administered medications (#3).

Findings:

Review of a health assessment form 1823, dated on , for resident #3 revealed he required assistance with self-administration of his medications. Review of physican's order, dated on , read (HCTZ) 25 milligrams (mg.) was discontinued.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	02/06/2018
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

Review of the , 2018 medication observation record (MOR) revealed an entry for , 25 mg. by mouth once daily. The medication was signed as given from through , a total of 7 days after the medication was discontinued.

Resident #3's record did not contain an order from a physician to resume the HCTZ, as was suggested on the , MOR.

Review of resident #3's medication packages revealed multi-dose packaging. The prescription labels revealed the package did not contain HCTZ, which indicated staff did not have any to give to the resident, as was indicated on the MOR.

On at 2:45 PM, LPN E said the entry for the HCTZ was unintentionally left on the , 2018 MOR and she confirmed there was no order from a physician to resume the medication after it was discontinued on .

Class

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, record reviews and interview, the facility failed to ensure a medication container was properly labeled for 1 of 6 sampled residents who received assistance with self-administered medications (#12).

Findings:

Observations made during a medication pass for resident #12 on at 11:57 AM revealed staff A, an unlicensed caregiver, assisted the resident into the medication . She removed a box from the medication cart and handed it to the resident. The resident removed an inhaler canister from the box, shook it, took 2 puffs, placed the canister back into the box, then he handed it back to staff A, who placed the medication back into the cart. Staff A then signed the Medication Observation Record (MOR).

The prescription label on the inhaler indicated the medication was 90 micrograms (mcg.) 200 D oral inhaler and the instructions were to take 2 puffs orally every four hours as needed for .

Review of the resident's , 2018 MOR revealed an entry, dated on , for 90 mcg. 200 D oral inhaler, 2 puffs orally four times a day at 8 AM, 12 PM, 4 PM, and 8 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	02/06/2018
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

Review of the record for resident #12 revealed a physician's order, dated on , for HFA (brand name for ,) 2 puffs four times a day for .

The inhaler did not contain an alert label or revised label from the pharmacist to direct staff to examine the revised directions for use in the MOR, as required.

A health assessment form 1823, dated on , indicated the resident required assistance with self-administration of his medications.

On at 12:15 PM, staff A confirmed the findings.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to obtain an annual statement from the health care provider for 1 of 4 sampled documenting freedom from communicable and ( ) (Staff A).

Findings:

Personnel Record review for Staff A, a caregiver hired on , revealed no documentation to confirm she was free from communicable and within 30 days of hire.

On at 2:10 PM, the business office manager confirmed that the documentation was not in the record.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to have documentation for completion of the self-administration of medications training and safe medication practices required for 2 of 4 sampled staff who provide direct care medication assistance to the residents (A & B).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

1. Staff A's personnel record review revealed a date of hire . It revealed that staff A completed the 2 hour annual update medication training with assisting in self-administration on but there was no documentation of the 4 hour initial training was not in the file.

On at 5 PM, the Business Office Manager confirmed the finding and could not locate the training document.

2. Review of the personnel record for staff B, hired on , revealed a certificate for a 2 hour update in Assisting with Self-Administration of Medications that was dated but there was no documentation that staff B had completed the initial 4 hour training.

On at 5:05 PM, the administrator and business manager confirmed they did not have documentation to prove staff B had received the initial training.

Class III

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interviews and record reviews, the facility failed to furnish a financial statement 1 of 7 sampled residents whose funds were kept by the facility (#3).

Findings:

On at 9:48 AM, resident #3 said the facility kept his money and he requested some of it when he would go to Church. He said the facility did not furnish him with a financial statement.

On at 2:15 PM, the business office manager said that every four weeks, the resident's sister deposited $20-$40 with the facility and the resident requested money when he wanted some. She said the facility did not furnish a financial statement to the resident or his family, as required.

Class

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

Based on observations and interviews, the facility was not maintained a home-like atmosphere free from offensive odors ( ).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

During the facility tour on [redacted] at approximately 10 AM, there was a strong [redacted] odor throughout [redacted]. At that time, resident #10 she said her [redacted] not been cleaned yet. At 12:15 PM, the odor could be smelled when walking by the [redacted] the door closed. At 4 PM along with the administrator, the odor could be smelled from the hallway without entering the [redacted]. The administrator confirmed the findings at the time.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have a copy of the Resident Health Assessment form, AHCA Form 1823, in the record of 1 of 7 sampled residents (#11).

Findings:

Resident #11's record did not contain a copy of the AHCA form 1823.

On [redacted] at 12 PM, the administrator was asked to provide a copy of the AHCA form 1823. At 2 PM , the director of nursing said they could not locate a copy of the AHCA form 1823.

Class

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on resident contract review and interview, the facility failed to ensure the resident agreement included a section concerning refunds due the resident which stated "if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond" as per 429.24(3)(a), F. S., for 2 of 2 sampled residents (#3 & 8).

Findings:

1. Review resident #8's contracts did not reveal a section addressing when the facility makes a claim against a refund due to the resident after discharge, allowing at least 14 days for the resident/family to respond.

On [redacted] at 2:30 PM, the administrator reviewed the contract and confirmed that statement was not in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

the current contract.

2. Resident #3's contract, dated on , did not contain a provision that indicated if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

On at 2:50 PM, the administrator confirmed the finding.

Class

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

Based on Background Screening (BGS) Clearinghouse website review, personnel record review and interview, the facility failed to ensure to register 1 of 4 sampled staff (C) on the Employee Roster within 10 business days after maintaining employment status.

Findings:

Staff C's personnel record review revealed date of hire on . The BGS Clearinghouse website was reviewed on at 4:30 PM showing no evidence of the employee on the Employee Roster as required.

On at 5 PM, an interview with the Administrator who confirmed the finding.

Unclassified

Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC

Based on observation, review of the FloridaHealthFinder.gov website and interview, the facility failed to notify the Agency of name change of the facility as required under Chapter 408, Part II Florida Statutes.

Findings:

Observation on at 9 AM of the facility signage outside read, "The Palms of Longwood". Review on the FloridaHealthFinder.gov agency website revealed that the facility's name is Cornerstone Longwood Leasing LLC.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **CORNERSTONE LONGWOOD LEASING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 EAST CHURCH AVENUE** **LONGWOOD, FL 32750**	

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

On at 9:35 AM, the Administrator stated the management company that owns the facility handled the name change and would contact them regarding this matter. She added that the facility has been operating using the name The Palms of Longwood for a while now.

On at 9:35 AM, the Administrator wore her name badge which read, "The Palms of Longwood". At 10:46 AM, the Administrator stated that she called the management company to clarify if the name change was reported to AHCA agency as required. At 2 PM, the Administrator confirmed the finding in regard with the management company did not notify the Agency for Health Care Administration of the name change, as required.

Unclassified