STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965661	07/03/2018
NAME OF PROVIDER OR SUPPLIER **SPRING HILLS LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3655 W. LAKE MARY BLVD.** **LAKE MARY, FL 32746**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on , 2018. Spring Hills Lake Mary, license #10007, had deficiencies at the time of the visit.

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

Based on record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing unlicensed staff to adjust the flow of for 1 of 4 sampled residents (#1) who received a Limited Nursing Service (LNS.)

Findings:

On at 11 a.m., nurse A provided documents that indicated resident #1 received LNS for .

On at 11:10 a.m. caregiver E said she assisted resident #1 with his by making sure he wore his , by changing his tubing from the concentrator to a portable tank, by turning the tank on, and by setting the flow to 2 liters, which was a task an unlicensed caregiver was not allowed to do.

Resident #1's record contained a health care provider's order, dated on , for continuously at 2 liters per minute.

Caregiver E's personnel record revealed a hire date of in the capacity of a caregiver. The record did not contain documentation to indicate she held a professional license of any kind.

On at 1:05 p.m., the wellness director said caregiver E should not have adjusted resident #1's flow.

Class III

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

Based on record reviews and interviews, the facility failed to maintain thoroughly described nursing progress notes for 1 of 2 sampled residents (#2) who received a Limited Nursing Service (LNS.)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965661	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HILLS LAKE MARY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3655 W. LAKE MARY BLVD.** **LAKE MARY, FL 32746**	

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

Findings:

On at 11 a.m., nurse A provided documents that indicated resident #2 received LNS for a .

Resident #2's record contained a health care provider's order, dated on , for the facility to change her leg bag to a drain bag at bedtime and to change the drain bag to a leg bag in the morning.

On at 11:45 a.m., nurse A provided resident #2's 2018 LNS progress notes. On at 7:58 a.m., at 7:40 a.m., at 7:21 a.m., at 7:31 a.m., at 10:27 a.m. and at 7:25 a.m. the notes indicated "change leg bag into a drain bag at bed time and change drain bag into a leg bag in the morning daily. In the morning for care." The notes did not describe the outcome of the service that was rendered and the general status of the resident's health, as required.

On at 11:45 a.m. nurse A confirmed the findings and said the progress notes were generated when the nurse clicked a button on the electronic medication record that then copied the health care provider's order onto the progress note.

Class III