STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968349	**08/01/2018**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On [redacted], 2018 through [redacted], 2018, an unannounced biennial licensure survey in conjunction with extended congregate care and limited nursing services monitoring survey was conducted at Osprey Lodge Assisted Living Facility (License #12259), Tavares, FL. Deficient practice was identified 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 ensure 1 of 2 residents reviewed (resident #4) had a complete resident health assessment (AHCA Form 1823).

Findings:

A record review of resident #4's most recent health assessment form dated [redacted] was conducted. In page 2, under "Activities of Daily Living", no information was included in comments section as to what type of assistance the resident needed. In page 3, under "Task" no information was included in comments section as to what type of assistance the resident needed (photographic evidence obtained).

On [redacted] at 12:30 PM, an interview was conducted with the residents service director, who stated that the resident was recently placed on Hospice and should have had a more recent health assessment (AHCA Form 1823). She was unable to locate a more recent health assessment (AHCA Form 1823) at that time. After a review of the AHCA 1823 Form for resident #4, she confirmed the omissions in page 2 and page 3.

Class III