STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On [redacted], 2018 through [redacted], 2018, an unannounced biennial relicensure survey was conducted at Hunter's Crossing Place Assisted Living (License #9004), Gainesville, FL. Deficient practice was identified at the time of 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 acquire a completed AHCA Health Assessment Form (1823) and failed to obtain the omitted information from the health care provider for 1 of 2 residents (Resident #15) reviewed.

Findings:

On [redacted], a record review of Resident #15's AHCA Health Assessment Form (1823) indicated that there was omitted information. In Page 2, Section 1: Activities of Daily Living, it was documented that the resident needs assistance with ambulation, supervision with bathing, supervision with dressing, supervision with eating, supervision with self-care ([redacted]), and assistance with transferring. In the comment sections, the health care provider omitted to document what type of assistance/ supervision is required for the resident.

On [redacted] at 2:37 PM, an interview was conducted with Staff E/ LPN, who was asked if resident #15 was capable of completing his activities of daily living (ADLs) on his own. Staff E informed that resident #15 required assistance with several of his ADLs. Upon reviewing resident #15's AHCA Health Assessment Form (1823), Staff E/LPN confirmed that resident #15's form contained omitted information in the comments section for Activities of Daily Living.

Class III

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

Based on record review and interview, the facility failed to maintain weight records that are completed semi-annually for 2 of 2 sampled residents (resident #5 and resident #15), who receive assistance with the activities of daily living.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

On , a record review was conducted for resident #5 (date of admission:) and resident #15 (date of admission:). Initial weights of both residents were recorded on their AHCA Health Assessment Form (1823). No weight record was found for the past six months for both residents.

On at 2:37 PM, an interview was conducted with Staff E/LPN, who was requested to provide resident weight records. Staff E confirmed that there was no recorded weights for resident #5 and resident #15 for the past six months.

Class III