STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	**04/13/2018**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

An unannounced Limited Nursing Service Monitoring survey was conducted on , at Hunters Crossing Place Assisted Living Facility License #9442. Deficient practice was identified.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to update a resident's Agency for Health Care Administration (AHCA) form 1823 after a significant change in condition for one of two records reviewed. Resident #4.

Findings:

A clinical record review of resident #4 showed the resident had a AHCA 1823 form completed on . The AHCA 1823 form did not reveal the resident as needing to receive Limited Nursing Services (LNS). A review of the physicians order dated revealed, left . Walking to left . On when out of bed off when in bed.

During an interview on at 2:30 PM with the Care Services Manager (CSM) stated, the resident AHCA form was completed by the Advanced Registered Nurse Practictioner (ARNP) on . The CSM confirmed the AHCA 1823 dated , was not updated to reflect the resident was receiving LNS services for a walking to his left due to a left .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	C 04/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER'S CROSSING PLACE-MEMORY CARE	**4607 NW 53RD AVENUE GAINESVILLE, FL 32606**

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Class III