STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968666	C **07/17/2017**
NAME OF PROVIDER OR SUPPLIER **HOMEWOOD LODGE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **430 SE MILLS ST** **MAYO, FL 32066**	

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

0000 - Initial Comments

On . . . . an unannounced Complaint Survey CCR#2017005033 was conducted at Homewood Lodge Assisted Living facility in Mayo. Deficiencies were identified as a result of this survey. Deficient practice was identified at this time. License#AL12528.

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

Based on record review and interview the facility failed to notify 2 of 3 sampled residents family or physician of a change in the residents condition, when the change occured. (Resident #1 and 3).

Findings:

A clinical record review of Resident #1 rounding form showed, the resident was drinking but not eating for the weekend of . . . . /2017. The Administrator called the Advanced Registered Nurse Practitioner (ARNP) and the ARNP stated if available to give the resident ensure. The ARNP was going to call the resident in an . . . . . for the resident to start after the ARNP evaluated the resident on . . . . and obtained a , .
A clinical record review to include the observation log did not show resident#1 family or physician was notified of a change in the residents condition on /2017.

During an interview on with the Administrator at 12:30 PM, the Administrator stated she does not know why the on-duty facility staff working on /2017 did not notify the residents family or physician of a change in Resident #1 condition. The Administrator reviewed Resident #1 clinical record with this surveyor and confirmed there was no documentation in the clinical record to show the residents family or physician were notified of a change in the residents condition on /2017.

A clinical record review of resident #3 hospital record showed, the resident was treated and evaluated at the hospital on . . . . . There are no notes written by the facility's staff in the residents clinical record for to show, why the resident went to the hospital to be evaluated and treated,or that the residents family or physician were notified of a change in the residents condition, or that the resident went out to the hospital.

A clinical record review of resident #3 hospital record showed, the resident was treated and evaluated at the hospital on . . . . . There are no notes written by the facility's staff in the residents clinical record for to show, why the resident went to the hospital to be evaluated and treated,or that the residents family or physician were notified of a change in the residents condition, or that the resident

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SUMMARY STATEMENT OF DEFICIENCIES
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went out to the hospital.

During an interview on with the Administrator at 12:30 PM, the Administrator stated, Resident #3 went to the hospital for and . The Administrator reviewed Resident #3 clinical record with this Surveyor and confirmed there was no documentation in the clinical record to show the resident's family or physician were notified of a change in the residents condition or that he was transported to the hospital on and .

Class III