

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968406	(X3) DATE SURVEY COMPLETED 09/17/2013
NAME OF PROVIDER OR SUPPLIER Anam Parc II	STREET ADDRESS, CITY, STATE, ZIP CODE 4867 Susanna Woods Ct Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey, CCR #2013008344, was conducted at Anam Parc II Assisted Living Facility in Jacksonville Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews and interviews the facility failed to ensure that the Health Assessments contained all required information for 2 of 3 residents (Residents #1 and #5).

The findings include:

On during a record review for former Resident #1 and current Resident #5 it was observed that both Health Assessments did not contain all required information for supervision and assistance with Activities of Daily Living. Resident #1 Health Assessment read he required supervision for ambulation, bathing, self care and transferring. However the comment section did not state what type of supervision he required. Resident #1 also required assistance with dressing and toileting, but the comment section did not specify what type of assistance he needed.

Resident #5 Health Assessment stated her ADL's required supervision with ambulation, self care, toileting and transferring. The comment section did not state what type of supervision she required. The Health Assessment read she needed assistance with bathing and dressing. The comment section was blank and did not specify what type of assistance was needed.

On at approximately 3:30 PM during an exit conference with the Administrator. She stated the comment sections for both ADL's were left blank by the doctor. When she was asked if she requested, that he fill out those comments as required she said no.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Anam Parc II
4867 Susanna Woods Court
Jacksonville, FL 32257

Re: CCR #2013008344

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on
by representatives of this office.

2013

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LC/BB/KW/sm
Enclosure

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