STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910033	05/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
John Knox Village Of Tampa Bay	4100 E. Fletcher Avenue Tampa, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

Assisted Living Facility

An abbreviated biennial state licensure survey with limited nursing services (LNS) was conducted on .

The John Knox Village of Tampa Bay, assisted living facility, had a deficiency at the time of the visit.

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on observations, record reviews, and interviews, the facility failed to ensure that limited nursing services (LNS) were provided by a licensed nurse for 3 (Residents #6, #7, and #8) of 3 residents sampled for LNS review.

Findings include:

Review of Resident #6's LNS record revealed an order dated for left below the knee compression stockings; put on in the morning and remove at bedtime.
Interview with Resident #6 on at approximately 10:45am revealed that her compression stockings were not put on by the nurses, but by other staff. Resident #6 was observed wearing the compression stocking on her left lower extremity only.

Review of Resident #7's LNS record revealed an order dated for below the knee compression stockings; put on in the morning and off at bedtime.

In the interview with Resident #7 on at approximately 11:10am, she stated that they help put on her stockings (compression) when she calls them. She couldn't put them on by herself. It's not the nurse, but the certified nursing assistant (CNA) puts them on. They also help her take them off. The surveyor observed she was wearing compression stockings.

Review of Resident #8's LNS record revealed an order dated for below the knee compression stockings; put on in the morning and off at bedtime.

Interview with Resident #8 on at approximately 11:45am revealed that the caregivers that come to her on her compression stockings, when she does not do it herself. She was observed wearing compression stockings.

In the interview with Staff F, a CNA, on at approximately 11:30am, she stated that she helps Resident #7 put on her stockings in the mornings. She confirmed that Resident #7 had difficulty putting the compression

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stockings on by herself.

In the interview with Staff G, a CNA, on at approximately 12:50am about residents who wear compression stockings, she stated that they (CNAs) put the compression stockings on in the morning and take them off at night. If they (compression stockings) are on when she comes in in the morning and it's shower day, she takes the stockings off and puts them back on when she's done.

Interview with the director of assisted living on at approximately 2:00pm revealed that she did not realize that the CNAs could not put the compression stockings on and the nurses just check the placement of the stockings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
John Knox Village of Tampa Bay
4100 E. Fletcher Avenue
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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