STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965123	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Laurelwood Assisted Living Facility, Inc	1851 West Ten Mile Road Cantonment, FL 32533	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
On through an unannounced Biennial survey was conducted at Laurelwood Assisted Living Facility. At the time of survey there were deficiencies identified.

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

Based on staff interview and record review, the facility failed to ensure that 1 of 2 sampled resident health assessments included the examination date (#7).

The Findings:

A record review was conducted of resident #7 health assessment to find that the document was missing the date the examination was completed.

On at approximately 8:30am, an interview was conducted with the Administrator who confirmed that the date of examination on the health assessment for client #7 was missing.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on staff interview and record review, the facility failed to ensure that 1 of 3 employees (#B) received training on the facility's policy regarding .

The Findings:

A record review was conducted of Employee #B personnel record. There was no documentation of training on the facility's policy on ( ).

On at approximately 8:30am, an interview was conducted with the Administrator who confirmed that Employee #B did not have the training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965123	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Laurelwood Assisted Living Facility, Inc	**1851 West Ten Mile Road Cantonment, FL 32533**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on staff interview and record review, the facility failed to provide a weight record semi-annually for 2 of 2 sampled residents (resident # 1 and #7) receiving assistance with the activities of daily living.

The Findings:

A record review was conducted of resident #1 medical record. Resident #1 received assistance with Activities of Daily living. The weight documentation was not conducted semi-annually. There were no documented weights after .

A record review was conducted of resident #7 medical record. Resident #7 received assistance with Activities of Daily living. The weight documentation was not conducted semi-annually. There were no documented weights after .

On at approximately 8:30am, an interview was conducted with the Administrator who confirmed that resident #1 and #7 both received assistant with activities of daily living and that their was no documentation of weights done semi-annually.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Laurelwood Assisted Living Facility, Inc
1851 West Ten Mile Road
Cantonment, FL 32533

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 through , 2015 by representative(s) of this office.

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 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 surveyor(s). Should you have any questions please call me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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