STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965766	**09/18/2017**
NAME OF PROVIDER OR SUPPLIER **PLEASANT GROVE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5701 S. PLEASANT GROVE ROAD** **INVERNESS, FL 34452**	

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

0000 - Initial Comments

On an unannounced abreviated relicensure survey with Limited Nursing Services was conducted at Pleasant Grove Manor, license #10113. The facility was not in compliance at the time of the survey.

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

Based on record review and interview, the facility failed to ensure a resident (resident #7) had an updated Agency for Healthcare Administration Form 1823 (AHCA 1823) following a change in condition for 1 of 1 sampled residents.

Findings

On a record review was conducted of the clinical record of resident #7. The record revealed that Resident #7 had an AHCA 1823 completed on . The record further showed that the resident began receiving hospice services on , which is considered a significant change in condition.

On at 2:33 PM, an interview was conducted with the Assistant Administrator (AA). The AA stated that she usually gets an updated 1823 every time a resident goes on hospice services, but she did not for that resident. No further information was provided.

Class III