

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL110049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/21/2013
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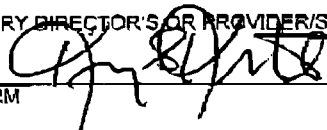
NAME OF PROVIDER OR SUPPLIER  MANATEE PALMS YOUTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4480 51 <sup>st</sup> STREET WEST BRADENTON, FL 34210
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H000	<p>INITIAL COMMENTS</p> <p>PSYCHIATRIC HOSPITAL</p> <p>COMPLAINT SURVEY CCR# 2013005406 5/21/13</p> <p>Manatee Palms Youth Services had deficiencies found at the time of the visit.</p>	H 000	<p>Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the facts alleged and the conclusions as set out in this Statement of Deficiencies. This hospital provides this plan of correction in accordance with the regulations, and the plan of correction documents actions taken by the hospital to address the cited deficiencies.</p>	
H 256	<p>59A-3.303(2), FAC INTENSIVE RES TX PROG - Physical Plant Safety</p> <p>Physical Plant Safety. (2) Facilities shall: (a) Be designed to meet the needs of the age group of the patients and the objectives of the program; (b) Provide adequate and appropriate space and equipment for all of the programs of the facility and the various functions within the facility; (c) Provide sufficient space and equipment to ensure housekeeping and maintenance programs capable of keeping the building and equipment clean and in good repair; and (d) Provide buildings and grounds of the special hospital that shall be maintained, repaired and cleaned so that they are not hazardous to the health and safety of the patients and staff. 1. Floors, walls, ceilings, windows, doors and all appurtenances of the structures shall be of sound construction, properly maintained, easily cleanable and shall be kept clean. 2. All areas of the facility other than closets or cabinets shall be well lighted. Dormitories, toilets and dayrooms shall have light sources capable of providing adequate illumination to permit observation, cleaning, maintenance and reading. Light fixtures shall be kept clean and maintained. 3. All housing facilities shall be kept free of</p>	H 256	<p>PSYCHIATRIC HOSPITAL Complaint Survey CCR# 2013005406 Physical Plant Safety</p> <p>MPYS ensures a safe environment for patients.</p> <ol style="list-style-type: none"> <li>The plexiglass window on the Camp Calusa Unit was sanded down to ensure no "sharp" edges.</li> <li>Windows on all units were checked by the Director of Plant Operations and also sanded down, if need identified. Any identified cracks were repaired.</li> <li>All "broken" laundry hampers on the Camp Calusa Unit have been replaced with new laundry bags.</li> <li>The plexiglass covering the TV cabinet on the Terra Ceia Unit was repaired to ensure no "sharp" edges.</li> </ol> <p><i>Accepted 6/12/13</i></p>	<p>06/21/2013</p> <p>06/21/2013</p> <p>06/21/2013</p> <p>06/21/2013</p>

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

CEO

(X5) DATE

6/6/13

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H 256	<p>Continued From page 1</p> <p>offensive odors with adequate ventilation.</p> <p>a. If natural ventilation is utilized, the opened window area for ventilation purposes shall be equal to one-tenth of the floor space in the residential area.</p> <p>b. When mechanical ventilation or cooling systems are employed, the system shall be kept clean and properly maintained. Intake air ducts shall be designed and installed so that dust or filters can be readily removed. In residence areas and isolation rooms without natural ventilation, mechanical ventilation systems shall provide a minimum of 10 cubic feet of fresh or filtered recirculated air per minute for each patient occupying the area.</p> <p>c. All toilet rooms shall be provided with direct openings to the outside or provided with mechanical ventilation to the outside.</p> <p>d. Facilities which utilize permanent heating units shall maintain a minimum temperature of 85 degrees F at a point 20 inches above the floor in sleeping areas. Facilities, such as outdoor programs, which cannot provide permanent heating units, shall ensure that patients are provided with items which will provide adequate warmth during sleep. These shall include items such as portable catalytic heaters and sleeping bags, extra blankets and clothing designed to ensure comfortable sleep in cold weather.</p> <p>(e) Provide both indoor and outdoor areas where patients can gather for appropriate activities. The grounds on which the facility is located shall provide adequate space to carry out the stated goals of the program; for outdoor activity areas that are appropriate for the ages and clinical needs of children; and provide an appropriate transitional area between the facility and the surrounding neighborhood which is consistent with the goals of the facility, and compatible with existing zoning ordinances.</p>	H 256	<p>5. Safety and Security Checks are completed each shift by the Supervisor or designee to identify safety hazards present in the environment and prompt action when urgent safety issues are identified.</p> <p>6. The Administrator on Call performs rounds of the units weekly during their AOC rotation to reduce the risk of unsafe conditions.</p> <p>7. Any unsafe conditions are reported directly to the Director of Plant Operations by the Residential/ Nursing Supervisor or designee to ensure immediate safety issues are addressed. Items are removed or patients are not permitted in the area unsupervised until the issue is resolved.</p> <p><b>Person(s) Responsible:</b> Director of Plant Operations Maintenance Staff Supervisors and/or Lead Techs Administrators on Call</p> <p><b>How Monitored:</b></p> <p>1. Safety/Security Checklist are completed each shift by Supervisor and or designee.</p> <p>2. Completed Safety/Security Checklists are forwarded to the Director of Plant Operations/ Safety Officer for identification of any issues and to ensure repairs are made timely when the need is identified.</p>	<p>06/21/2013</p> <p>06/21/2013</p> <p>06/21/2013</p> <p>08/21/2013</p> <p>08/21/2013</p>

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H 256	<p>Continued From page 2</p> <p>(f) Provide sleeping areas that shall promote comfort and dignity and provide space and privacy for residents.</p> <p>1. There shall be no more than eight patients in a sleeping room unless written justification on the basis of the program requirements has been submitted to and approved by the licensing agency.</p> <p>2. Beddings, Clothing and Personal Items. Beds and beddings shall be kept in good repair and cleaned regularly. Used mattress and pillow covers shall be laundered before being issued. Sheets and personal clothing shall be washed at least weekly and blankets washed or dry cleaned at least quarterly. Sheets and blankets shall be stored in a clean, dry place between laundering and issue.</p> <p>3. Each patient shall have his own bed consisting of a level bedstead and a clean mattress in good condition.</p> <p>4. All mattresses shall have fire retardant mattress covers or protectors. Water repellent mattress covers shall be available if needed.</p> <p>(g) Provide individual and separate accessible storage areas for each resident's clothing and personal possessions.</p> <p>(h) Provide laundry and/or dry cleaning facilities. Where laundry facilities are provided, they shall be adequate to ensure an ample quantity of clean clothing, bed linens and towels. Laundry facilities shall be of sound construction and shall be kept clean and in good repair. Laundry rooms shall be well lighted and properly ventilated. Clothes dryers and dry cleaning machines shall be vented to the exterior. Exposure to dry cleaning solvents shall not exceed threshold limit values set by the American Conference of Governmental Hygienists. If laundry facilities are not available, sheets and blankets shall be sent to commercial laundries.</p>	H 256	<p>3. Administrator on Call Report and/or Leadership Rounds Checklist are completed and reviewed at the Flash meeting to address any issues as they arise.</p> <p>4. The Director of Plant Operations conducts weekly walk-through inspections of the facility to identify any safety issues. If safety issues are identified, Director of Plant Operations ensures repair/ maintenance completed or items removed from patient areas.</p>	<p>08/21/2013</p> <p>06/21/2013</p>

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H 256	<p>Continued From page 3</p> <p>(i) Provide privacy for personal hygiene.</p> <ol style="list-style-type: none"> <li>All toilets shall have secured seats and be kept clean and in good working order, and all toilets shall be partitioned for privacy.</li> <li>Bathrooms shall be cleaned thoroughly each day.</li> <li>Bathrooms shall be conveniently located to the sleeping areas.</li> </ol> <p>(j) Provide for the personal hygiene for all patients.</p> <ol style="list-style-type: none"> <li>A written policy shall be maintained on file at the facility.</li> <li>Toothbrushes, toothpaste, soap, and other items of personal hygiene shall be provided by the facility if not provided by the patients.</li> <li>Shatterproof mirrors shall be furnished in each bathroom.</li> </ol> <p>(k) Maintain food service facilities in accordance with the regulations described in Chapter 64E-11, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and staff interview it was determined the facility failed to ensure a safe environment for 40 of the 60 patients on 2 (Camp Calusa and Terra Ceia) of the 3 units.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>During tour of the Camp Calusa Unit on 5/21/13 beginning at approximately 9:15 a.m. the following was noted: Observation of the large day room noted a plexiglass covering the large window was chipped on the lower right hand corner, which left an exposed sharp edge.</li> </ol> <p>in patient rooms 403, 405 and 406, laundry hampers were found to be broken, which left</p>	H 256		

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H 256	Continued From page 4  exposed sharp edges.  The Chief Executive Officer was present during the tour of the unit and acknowledged the above findings.  2. During tour of the Terra Ceia unit on 5/21/15 beginning at approximately 9:45 a.m. it was noted there was a crack in the plexiglass covering a wooden television cabinet. The crack resulted in an exposed sharp edge.  The Chief Executive Officer was present during the tour and acknowledged the above findings.	H 256		
H 290	58A-3.110(3)(a)-(d) FAC INTENSIVE RES TX PROG - Staff Coverage  (3) Staff Coverage. There shall be a master clinical staffing pattern which provides for adequate clinical staff coverage at all times. (a) There shall be at least one registered nurse on duty at all times. Services of a registered nurse shall be available for all patients at all times. (b) A physician shall be on call twenty-four (24) hours a day and accessible to the facility within forty-five (45) minutes. (c) Special attention shall be given to times which probably indicate the need for increased direct care (e.g., weekends, evenings, during meals, transition contained herein, and substantiated by the results between activities, and waking hours). (d) Staff interaction shall insure that there is adequate communication of information regarding patients (e.g., between working shifts or change of personnel) with consulting professional staff for routine planning and patient review meetings. These interactions shall be	H 290	<b>Staff Coverage</b>  1. Additional staff is scheduled to assist with covering breaks.  2. Staff assignments are distributed based on patient level of precautions as well as patient location, i.e. location of patient rooms.  3. Nurses and Mental Health Techs have been trained that staff assignments are done based on patient precaution level. Patient Room assignments will also be considered for 2 <sup>nd</sup> and 3 <sup>rd</sup> shift staff assignments. Any issues identified with this process is reported to the Supervisor and issue resolved to assist in ensuring ongoing compliance with patient monitoring.  4. Schedules for breaks are made in advance of the shift so as to ensure effective management of patient monitoring.	06/21/13  06/21/13  06/21/13  06/21/13

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H 290	<p>Continued From page 5 documented in writing.</p> <p>This Statute or Rule is not met as evidenced by: Based on review of medical records, staffing sheets, staff time sheets and policy and staff interviews it was determined the facility failed to ensure sufficient staff coverage to ensure appropriate supervision of 4 (#1, #2, #3, #4) of 13 sampled patients of a census of 60.</p> <p>Findings include:</p> <p>Facility policy "Special Precaution Procedure" #RM 214, reviewed 8/11 requires that the patient on 1:1 observation remain within arm's length and within line of sight of designated staff person at all times. Patients on Close Observation are to remain within direct line of sight supervision at all times. The policy also requires that observations are not to be done standing in a doorway or at a distance, particularly when the patient is sleeping. The staff member is required to enter the patient's room check their identity and respirations and determine the patient is in no distress. This check is to be performed at least every 15 minutes. In addition, all patients are to have the 15 minute observations performed every 15 minutes in the same manner as described for the Close Observation patient.</p> <p>1. Review of the progress notes for patient #1 revealed on 5/16/13 at 4:00 p.m. the patient purposefully scratched her right forearm on the metal basket under her desk. The physician was notified and ordered 1:1 observation while awake and close observation when asleep. Further review of the progress notes revealed a note on 5/17/13 at 8:15 a.m. that indicated the nurse had noted new scratches on the left forearm. The</p>	H 290	<p><b>Person(s) Responsible:</b> Residential Supervisor Nursing Supervisor Lead Mental Health Techs Mental Health Techs Chief Financial Officer</p> <p><b>How Monitored:</b>  The Residential and Nursing Supervisors or designee provide fidelity checks to assist in ensuring break schedules are distributed as scheduled.</p>	06/21/13

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H 290	<p>Continued From page 6</p> <p>nurse noted the patient stated she had done that the day before when she was outside. The nurse notified the physician, who reordered 1:1 while awake and close observation when asleep.</p> <p>Review of the 15 minute checklist form dated 5/16/13 revealed the patient was outside between 5:00 p.m. and 5:30 p.m., which was after the 1:1 observation had been ordered. A note by the nurse on 5/16/13 at 8:00 p.m. indicated the 1:1 observation was being maintained. There was no documentation of maintenance of close observation as ordered while the patient was asleep for the 11:00 p.m.-7:00 a.m. shift.</p> <p>Review of the Mental Health Technician (MHT) assignment sheet revealed that MHT #A was assigned 1:1 observation of the patient for the 3:00 p.m.-11:00 p.m. shift on 5/16/13. Review of the staff time sheets for 5/16/13 revealed that MHT #A went on break from 9:36 p.m. until 10:06 p.m. Review of the 15 minute checklist form revealed that MHT #B signed off on the 15 minute checks. It was documented the patient was asleep at that time and would have been on close observation. Review of the assignment sheet for MHT #B revealed that she had patients in rooms 402 and 408, patients #12 and #13.</p> <p>Observation of the Club Calusa unit on 5/21/13 at 1:35 p.m. revealed that it would not possible to view patient #1 in room 400 from rooms 402 and 408. Room 402 is on the same side of the corridor and 408 is on the other side, beyond the double doors.</p> <p>Review of the assignment sheets for the 11:00 p.m.-7:00 a.m. shift for the Club Calusa unit revealed that MHT #C was assigned to patient #1 along with three other patients. The patients</p>	H 290		

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H 290	<p>Continued From page 7</p> <p>were the other patient in room 400 and two patients in room 409.</p> <p>Observation of the Club Calusa Unit on 5/21/13 at 1:35 p.m. revealed it would not be possible to view patient #1 if she was in her bed from room 409. The rooms are on opposite sides of the corridor but are not directly across from each other.</p> <p>The milieu supervisor was interviewed on 5/21/13 at approximately 1:35 p.m. She confirmed that a MHT would not be able to maintain close observation of the patient in room 400 while doing 15 minute checks in room 409.</p> <p>Review of the 15 minute checklist form revealed that MHT #C went on break from 5:34 a.m. until 6:04 a.m. MHT #D signed the 15 minute checks during this time. MHT #D was assigned 6 patients including patient #10, who was in room 403, on the other side of the double doors. Review of the 15 minute checklist form revealed she signed the checks for both patients at 5:30 a.m. and 5:45 a.m. It would not be possible to maintain close observation of patient #1 and perform the 15 minute checks of the patient in room 403.</p> <p>Sometime between the time patient #1 was placed on 1:1 observation while awake and close observation while asleep on 5/16/13 at 4:00 p.m. and 8:15 a.m. on 5/17/13, the patient participated in self-harming behavior.</p> <p>The reviews of staffing sheets, time sheets and 15 minute checks as well as observation of the unit noted there were times when close observation was not maintained at all times.</p>	H 290			



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H 290	<p>Continued From page 8</p> <p>2. Patient #2's nursing progress notes revealed a note on 5/16/13 at 6:00 p.m. that scratches were observed on his left upper extremity. The nurse documented the patient indicated he had done it the several days prior while in bed. The physician was notified and ordered close observation. Prior to that, the patient had been on close observation when outside only.</p> <p>Review of the MHT assignment sheet for the 11:00 p.m.-7:00 a.m. shift beginning on 5/16/13 revealed MHT #G was assigned to supervise patient #2, who resided in room 200 on the Apollo unit. In addition, he was assigned the other three patients in room 200 and patient #9 who resided in room 202, which is on the same side of the corridor on the other side of the double doors.</p> <p>Observation of the unit on 5/21/13 at approximately 8:40 a.m. revealed that patients in room 200 could not be seen by anyone on the other side of the double doors.</p> <p>Review of the time sheets revealed that MHT #G went on break from 4:04 a.m. until 4:32 a.m. Review of the 15 minute checklist form revealed that MHT #H signed the checks at 4:15 a.m. and 4:30 a.m. for the patient. He also signed the checks for patients #5, #6, #7 and #8 at the same time. During the time MHT #H was covering for MHT #G, he was responsible for 10 patients including patient #2 who was to be on close observations. The 10 patients were in five different rooms.</p> <p>3. Patient #3's physician's admitting orders dated 5/17/13 revealed she was placed on close observation because of the new patient status. Review of the MHT assignment sheets for the 11:00 p.m.-7:00 a.m. shift beginning on 5/17/13</p>		H 290		

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H 290	<p>Continued From page 9</p> <p>revealed the patient was assigned to MHT #D. Patient #3 was located in room #305. MHT #D was also assigned another patient who was on close observation in room 304. The rooms are directly across the corridor from each other. The MHT could maintain close observation of both patients by constantly looking back and forth. The MHT's assignment also included a patient in room 303, which is next to #305. She could not perform 15 minute checks in room #305 and maintain close observation of patient #3.</p> <p>Review of the 15 minute checklist form revealed that MHT #F signed the fifteen minute checks for patient #3 and Patient #4 at 4:15 a.m. and 4:30 a.m. Review of his assignment revealed he had been assigned 5 patients. Patient #4 was on close observation. Patient #4 was in room #301, which is at the opposite end of the corridor from patient #3's room. It would be impossible to maintain close observation on both patients at the same time. MHT #F had a total of 10 patients for approximately 30 minutes. Three of them were on close observation. It would not be possible to perform 15 minute checks and maintain close observation for the three patients.</p> <p>4. Three MHTs (MHT #A, MHT #I, MHT #J) were interviewed on 5/21/13 between 5:00 p.m. and 5:15 p.m. regarding how they would ensure patients on close observation would be monitored appropriately when 15 minute checks were being done for other patients. They each responded that one of the other MHTs would step in to observe the close observation patient.</p> <p>There is no documented evidence of this either in policy or within the medical records.</p> <p>MHT #J was interviewed on 5/21/13 at</p>	H 290			

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H 290	Continued From page 10  approximately 5:10 p.m. She indicated her assignments often result in her being responsible for patients on rooms not close to each other which made completing the 15 minute checks difficult.	H 290		
H 419	59A-10.0055(3), FAC RISK MANAGER REVIEW OF INCIDENT REPORTS  The risk manager shall be responsible for the regular and systematic reviewing of all incident reports, including 15-day incident reports, for the purpose of identifying trends or patterns as to time, place or persons. Upon emergence of any trend or pattern in incident occurrence, the risk manager shall develop recommendations for corrective actions and risk management prevention education and training. Summary data thus accumulated shall be systematically maintained for 3 years. R. 59A-10.0055(3), F.A.C. R. 59A-10.002(7), F.A.C.  This Statute or Rule is not met as evidenced by: Based on record review, investigation documentation and staff interview it was determined the Risk Manager failed to perform a complete investigation related to a self-harming incident for 1 (#1) of 13 sampled patients for a census of 50.  Findings include:  Review of the progress notes for patient #1 revealed on 5/16/13 at 4:00 p.m. the patient purposefully scratched her right forearm on the metal basket under her desk. The physician was notified and ordered 1:1 observation while awake and close observation when asleep.	H 419	Risk Manager Review of Incident Reports  1. During investigations of self-harm, the physical plant will be assessed in efforts to identify areas for improvement or repair. Patient safety issues identified will be removed if possible. If removal is not possible, reporting to the Director of Plant Operations for immediate action/repair occurs.  2. Investigations, including review of physical plant for self-harm incidents is clearly documented on the incident report addendum.  3. Residential/Nursing Supervisor or designee conducts Safety Security Checks each shift and reports any items determined unsafe, i.e. sharp edges, for patients and staff immediately to the Director of Plant Operations for repair. If possible, items will be removed from patient care area immediately.  4. Any items identified from Safety Security Checks that are not emergency safety items will be documented on the Safety Security Checklist.	6/16/13  06/16/13  06/16/13  06/16/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL110049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/21/2013
NAME OF PROVIDER OR SUPPLIER  MANATEE PALMS YOUTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 4480 51 <sup>st</sup> STREET WEST BRADENTON, FL 34210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 419	<p>Continued From page 11</p> <p>On 5/21/13 at approximately 11:15 a.m. the Risk Manager was interviewed regarding the investigation of the incident. She stated she had investigated the incident and found the staff responded appropriately when the patient was noted to be rubbing her arm and bending toward the bottom of the desk. She stated she had not checked the desks for sharp areas as part of the investigation. She did inspect three desks on 5/21/13 and did find sharp areas.</p> <p>Observation of classroom 3 on 5/21/13 at approximately 12:30 p.m. revealed there were two types of desks, some with silver frames and some with a black coating on the frames. Sharp areas were noted on three of the desks with silver frames. The sharp areas were on the baskets under the seat of the desks.</p> <p>The Chief Executive Officer and Director of Maintenance were present during the observation and agreed that some of the desks had exposed sharp edges. The sharp edges on the desks had not been addressed on 5/21/13, which was 5 days after the incident.</p>	H 419	<p>5. All Safety Security Checklists are forwarded to the Director of Plant Operations to ensure repair/ replacement of any unsafe items occurs when the need is identified. Unsafe items that can be removed, will be removed when identified.</p> <p><b>Person(s) Responsible:</b> Director of Risk Management Director of Plant Operations Residential/Nursing Supervisors Lead Mental Health Techs</p> <p><b>How Monitored:</b></p> <ol style="list-style-type: none"> <li>1. The Director of Risk Management documents investigation of incident on the IR Addendum.</li> <li>2. Safety/Security Checklist are completed each shift by supervisor and or designee.</li> <li>3. Completed Safety/Security Checklists are forwarded to the Director of Plant Operations/ Safety Officer for identification of needed repairs and to ensure repairs are made timely when the need is identified.</li> </ol>	06/18/13



RICK SCOTT  
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK  
SECRETARY

May 30, 2013

Administrator  
Manatee Palms Youth Services  
4480 51st Street West  
Bradenton, FL 34210

**Re: CCR #2013005406**

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on May 21, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than June 21, 2013.**

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 Nila Perrone, RNC, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman  
Field Office Manager

PRC/tc

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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