Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967298	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

(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
A 000	Initial Comments Complaint inspection CCR# 2012013610 was conducted. The facility had deficiencies found during the visit.	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule	A 004		

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A 004	Continued From page 1	A 004		

58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C.
(5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter.
(6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C.
(7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws.
(8) THIRD PARTY SERVICES.
(a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be

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A 004	Continued From page 2 documented in the resident ' s record. (b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record. (c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure a change in the use of space that increased the facility's capacity was not made without prior approval from the Agency Central Office. Findings: At approximately 9:30 AM, the survey team entered the facility the assistant administrator exited with a male individual. The staff person present was identified as a contracted and live-in staff and indicated her . . . the first on the right side by the entrance. She stated there were 7 residents that currently lived in the facility, including the one that just had left with the assistant administrator. She stated resident #3 was independent and she assisted her with medications. A tour of the facility at the time noted three (3)	A 004		

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A 004	Continued From page 3 residents watched TV, resident #2 sat in wheelchair with 2 blankets over her in the wheelchair. Resident #1 sat at the dining table and took her medications, resident #3 was in her room ..... door closed. Continued observations revealed the bedrooms ... to the left of the dining area and 3 bedrooms .... 2 beds each and another room ..... bed for a total of 7 beds. Observations at approximately 11:30 AM noted resident #3 was in her room, ... she shared with another resident. An attempt was made to interview the resident but she did not engage in conversation. The assistant administrator returned to the facility. He stated at approximately 11:40 AM resident #3 was independent. It was explained to him that she lived in a licensed room ..... assisted her with medications, therefore she was a resident which made the facility over capacity. Class III	A 004		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph.	A 010		

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A 010	Continued From page 4 After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.	A 010		

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A 010	Continued From page 5 (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review the facility retained 2 residents (1 and 2) whom exceeded ALF residency criteria. Findings: Observations during the facility tour at approximately 9:30 AM noted that resident #2 sat by the dining table in a wheelchair, had socks on, no shoes and 2 blankets draped over her. She was and did not respond when spoken to. The staff stated at the time that the resident needed total care with all activities of daily living and could not self-propel the wheelchair and was not under the care of hospice. The resident remained by the dining the staff unlocked the wheelchair and propelled her to the living at approximately 11 AM. Resident record review for resident #2 revealed a health assessment dated that indicated diagnoses of essential and dyslipidemia. She needed assistance with bathing, dressing, self-care, transferring, ambulated and transferred with walker, was and ate	A 010		

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A 010	Continued From page 6 independently. Observations on said time and date noted resident #1 also sat in a wheelchair by the dining , taking her medications. She was but was alert to name. The staff stated at the time that the resident needed total care with all activities of daily living and could not self-propel the wheelchair but could pivot and was not under the care of hospice. The resident remained in the wheelchair the duration of the survey. Resident record review for resident #1 revealed a health assessment dated and an updated assessment dated /12 that indicated diagnosis of The assessment dated indicated she was non-ambulatory and needed maximal assistance with ADLs. According to the assessment dated she required assistance. The assistant administrator stated at approximately 11:30 AM he thought since the facility had Limited Nursing Services license, it was OK for them to be there. He asked the staff if the residents needed total assistance and she replied "Yes". Class III	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and	A 025		

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A 025	Continued From page 7	A 025		

physical and emotional well-being of the individual.
(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.
(d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on resident record review and interview the facility failed to ensure it provided care and services appropriate to the needs regarding medications and failed to follow healthcare provider's orders; failed to maintain a written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services were maintained for 1 of 3 sampled residents (#1).
Findings:
The caregiver present during the visit stated at approximately 10:30 AM that resident #1 went to the emergency she had a nose

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A 025	Continued From page 8	A 025		

Observations during the facility tour at approximately 9:30 AM noted the staff sat with resident #1 at the dining table. She had the resident's medications on top of the dining table and the resident took one by one. She said the resident had difficulty taking multiples pills at the same time, so she took one by one. The resident was , was alert to name only and was unable to be interviewed.
Resident record review for resident #1 at approximately 10:30 AM revealed a health assessment dated and an updated assessment dated /12 that indicated diagnosis of . The health assessment report 1823 dated indicated that medications needed to be crushed. The updated health assessment dated indicated crush medication in apple sauce.
The staff stated at the time that the resident did not like her medications crushed because some tasted bitter and she did not like apple sauce. The assistant administrator stated that a healthcare provider's order that allowed the resident to swallow medications was not available.
Continued record review revealed a healthcare provider's order dated that indicated 5 mg daily. The 2012 Medication Observation Record (MOR) listed 5 mg one tablet daily and was blank on and had an "x" on The MOR listed 4mg daily at 6 PM had an arrow across from 12/1 to (indication that medication was to start on but was not documented as given on had a slash (/) on and and indicated d/c Orders dated indicated discontinue 4 mg start 2 mg on An order dated either or indicated hold today then start

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A 025	Continued From page 9	A 025		

tomorrow 4mg, however the dates were written over and difficult to ascertain the true date of the order. The assistant administrator stated that the ARNP was mixed up with the dates and wrote the incorrect dates but it was meant to be dated ; therefore there was an "x" on the MOR on .
The resident did not get her mg 5 on 12/9. She did not get 5 mg or 4 mg on and did not get 4 mg on and and when it was discontinued (d/c).
The 2012 MOR listed 20 mg one tablet daily for 2 weeks. The MOR had a line across from 12/1 to and was started on Resident record review revealed an order dated that indicated 20 mg one tabled for 2 weeks. The pharmacist stated on at approximately 3:30 PM that the 20 mg was ordered on .
The resident did not get from 12/6 when prescribed to when received.
The Florida Hospital discharge summary dated indicated diagnosis of nose 500 mg one three times a day for 3 days. Remove packing in 3 days; elevate HOB while packing in nose. Observations of the resident noted she had no packing on her nostrils. The assistant administrator stated at approximately 11 AM the resident removed the packing herself.
Continued record review revealed no written notations regarding the resident's changes in condition that necessitated visits to the ER. The assistant administrator stated at the time that there were no written notations available.
Review of the home health notes received on at approximately 11:30 and reviewed at approximately 2 PM revealed the following orders: indicated the INR was 3.5, the

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A 025	Continued From page 10 resident current medication order was . . . . 5 mg, a change in dosage was ordered on same date to . . . . 4 mg and INR (lab work) on . . . . order dated . . . . indicated discontinue . . . . 4 mg start 2 mg on . . . . Another order dated . . . . indicated INR 3.5 current . . . . order was 4 mg daily and the order was to stay with . . . . 4mg daily. The Home health agency's Director of Health Care services stated at approximately 2 PM that the facility did not to communicate with them regarding the care of resident #1. On . . . . at approximately 2:51 PM a call was received from a facility worker who stated a staff called her "freaked out" that resident #1 had . . . . . She called the administrator who told her to call the doctor. The ARNP who works with resident's doctor said to call 911. She was taken to ER, returned and was OK. She added that at the beginning of . . . . the resident #1 had a . . . . left leg and it was weeping as well. She called the assistant administrator. He said he called the resident's doctor. The ARNP said send the resident to the ER. The assistant administrator said the ARNP always wanted to send people to ER and he stated not to send the resident out. The resident was in bed. A sonographer came and did a sonogram, it showed . . . . The resident remained in bed all this time waiting for instructions on her care. A nurse from a home care agency came and educated her and the other staff on how to administer Levenox injection. She, the unlicensed staff administered resident #1 the . . . . about 3 times, as well as the other staff. She stated she was willing to give a written statement regarding the issues. On . . . . hospital records were requested by area office 7. Replied received on . . . . the hospital indicated no patient's records found.	A 025		

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A 025	Continued From page 11	A 025		

On ... at 9:46 AM received call from Area Office 7 supervisor, the facility administrator called the office and wanted to discuss the survey. I returned her call. She stated she wanted to explain the blank space on the MOR on ... She said the staff gave the medication but did not sign the MOR. She said the staff is hired to do a job and she did not do it, then they expect to get paid. She named a staff and said "you probably had spoken to her already (implied she was the complainant) gave the medication and did not sign the MOR. She said she wanted to come to the office with the staff to validate her statement. I explained to her that she needed to discuss the office visit with the unit supervisor. I told her that the staff could give a notarized statement and picture ID. She stated that she would call the area office. Neither a statement nor a call was received.

The resident's ARNP (Advanced Registered Nurse Practitioner) stated on at approximately 10:30 AM that he had not seen the patient in several months, maybe saw her about 2/3 months ago. Recalled she was hospitalized for needed Levenox. The ARNP was unable to recall dates of orders or whether or not he ordered medication changes. Recalled also a call about , though nose , instructed to send the resident to the hospital. A telephone call was received afterwards that hospital found nothing and sent her home. He was also called about a . He added that if I needed additional information to call the office, as the facility may have called the doctor and he could not recall all the events.

On ... at 10:55 AM spoke with office manager, requested clarification of orders and calls regarding changes in condition. She indicated that she needed to get the resident's record and would call back. A returned call was

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A 025	Continued From page 12 not received. Class III	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided	A 030		

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AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

(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
A 030	Continued From page 13	A 030		

pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical [illegible] shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical [illegible]

429.28 Resident bill of rights.-

Agency for Health Care Administration

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(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from [illegible] and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise

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several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

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This Statute or Rule is not met as evidenced by:
Based on observations and interview the facility failed to comply with the Resident's Bill of Rights and did not ensure the use of physical was limited to half-bed rails for 2 of 3 sampled residents (#1 and #2); failed to ensure resident #2 was treated with consideration, respect and with due recognition of personal dignity in a home like environment.
Findings:
Observations during the facility tour at approximately 9:30 AM noted that resident #2 sat by the dining table in a wheelchair, had socks on, no shoes and 2 blankets draped over her. She was and did not respond when spoken to. The staff stated the resident needed total care with all activities of daily living and could not self-propel the wheelchair.
The resident remained by the dining until the staff unlocked the wheelchair and propelled her to the living , at approximately 11 AM.
Observations on at approximately 11:00 AM noted resident #1 also sat on a wheelchair by the dining taking her medications. She was but was alert to name. The staff stated the resident needed total care with all activities of daily living and could not self-propel the wheelchair but could pivot. The resident remained in the wheelchair the duration of the survey.
At approximately 11:30 AM the survey team requested to observe residents #1 and #2 transfer from the wheelchair to chair. The staff attempted to assist resident #1 to get up and the resident was unable to. She attempted again and the resident was able to get up and transfer, so she tried again. She then realized the resident

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A 030	Continued From page 17 was tied down to the chair by her waist. The resident's wheelchair was locked as well. The staff stated she tied the resident so she would not ..... When the staff removed the blankets from resident # 2, to assist her to transfer, observations noted the resident did not have clothing on her lower extremities, only an adult brief. The staff stated at the time, the resident did not have clothing on because she was about to take the resident to the ..... The staff stated she worked as independent contractor and was responsible for her taxes at the end of the year. She added that she brought her own gloves which she kept in a box in her ..... She put some in her pockets for easy access, not to keep going in and out of her ..... The assistant administrator was present at the time and told the staff that she could not tie the residents down in the wheelchair. Class III	A 030		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as ..... glucose testing or other procedure necessary for the proper administration of	A 053		

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medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure it had a staff member who was licensed to administer medications and be available to administer medications in accordance with a health care provider's order for 2 of 3 sampled residents (#1 and #3).
Finding:
1. During the facility tour the staff stated that she assisted resident #1 with her medications. She identified herself as a contracted live-in staff; not a nurse. She stated all 7 resident received assistance with medications.
Resident record review for resident #1 revealed a health assessment dated and an updated

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A 053	Continued From page 19	A 053		

assessment dated /12 that indicated diagnosis of . A prescription dated indicated 30 mg every 12 hours. The 2012 Medication Observation Record (MOR) listed 30 mg and indicated "Observe the resident inject 1 daily and the times indicated were 9 AM & 9 PM. The MOR had the staff initials those dates. The MOR had a signature and initial area on the lower right side. There were 3 signatures and initials and none indicated licensed LPN or RN designation. Then on or Levenox 60 mg every 12 hours was prescribed. The 2012 MOR listed Levenox 60 mg every 12 hours @ 9 AM and 9 PM had the staff initials from 12/8 to AM and PM and on AM.
The unlicensed staff present during the survey stated at approximately 11 AM that she gave resident #1 her medications including Levenox. When asked if the resident was able to self-inject the medication, she replied "No".
2. Health assessment report 1823 dated for resident #3 listed diagnosis of with . She was alert to name and date of birth. Acccording to the assessment was independent with all activities of daily living and needed medication administration as she was and forgetful. Her medications were 10 mg, 40 mg 20 mg and 0.25 mg daily; 10 mg, 10 mg at bedtime; and 5 mg daily as needed for
At approximately 11:30 AM the assistant administrator validated the findings.
A staff stated in a telephone interview on at approximately 1:45 PM that the unlicensed staff gave resident #1 the injections. She added that a home health nurse gave the staff training on the injection of the medication.

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A 053	Continued From page 20 Class III	A 053		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents	A 078		

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A 078	Continued From page 21 must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on observations record review and interview the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation, and experience, and allowed unlicensed staff to administer medications to 2 of 3 sampled residents (#1 and #3). Finding: 1. During the facility tour the staff stated that she assisted resident #1 with her medications. She had the residents medications on top of the dining table and the resident took one by one. She said the resident had difficulty taking multiples pills at the same time, so she took one by one. She identified herself as a contracted live-in staff; not a nurse. The resident was was alert to name only; unable to be interviewed. Resident record review for resident #1 revealed a health assessment dated and an updated assessment dated /12 that indicated diagnosis of . A prescription dated indicated 30 mg every 12 hours. The 2012 Medication Observation Record (MOR) listed 30 mg and indicated "Observe the resident inject 1 daily and the times indicated were	A 078		

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A 078	Continued From page 22 9 AM and 9 PM. The MOR had the staff initials those dates. The MOR had a signature and initial area on the lower right side. There were 3 signatures and initials and none indicated Licensed Practical Nurse (LPN) or Registered Nurse (RN) designation. Then Levenox 60 mg every 12 hours was prescribed. The _ _ _ _ 2012 MOR listed Levenox 60 mg every 12 hours at 9 AM and 9 PM had the staff initials from 12/8 to _ _ I AM and PM and on AM. The unlicensed staff present during the survey stated at approximately 11 AM that she gave resident #1 her medications including Levenox. When asked if the resident was able to self-inject the medication, she replied "No". She stated all 7 resident received assistance with medications. Observations at approximately 11:30 AM noted resident #3 was in her which she shared with another resident. An attempt was made to interview the resident but she did not engage in conversation. She was observed several times through the survey going to her purse. 2. Health assessment report 1823 dated for resident #3 listed diagnosis of _ _ _ _ with She was alert to name and date of birth. According to the assessment was independent with all activities of daily living and needed medication administration as she was confused _ _ I forgetful. Her medications were Amlodipine _ .I mg, Lisinopril _ I mg Omeprazole _ .I mg and Risperdone _ .25 mg daily; Loratadine _ .I mg, Namenda _ _ I mg at bedtime; and Bisacodyl _ I mg daily as needed for constipation. _ _ approximately 11:30 AM the assistant administrator validated the findings and offered no response. Class III	A 078		

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A 160 SS=B	58A-5.024(1) FAC Records - Facility	A 160		

Records.
The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.
(1) FACILITY RECORDS. Facility records shall include:
(a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:
1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and
2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is the date of ...
Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other

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services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the

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A 160	Continued From page 25 local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on facility record review and interview the facility failed to ensure an up-to-date admission and discharge log that listed all the required information was maintained. Findings: Review of the admission and discharge log at approximately 10:30 AM revealed the log did not indicate date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure , and date of discharge, the reason for discharge, and the identification of the facility to which the resident was discharged or home address, or if the person was the date	A 160		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

(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
A 160	Continued From page 26 of . . . . . but instead indicated "attention to chart". The log listed 6 current residents, resident #3 was not listed and did not list any passed residents. The assistant administrator stated at approximately 11:30 AM that resident #3 was not listed because she was an independent resident and validated the findings on the log. Class . .	A 160		
A 162 SS=B	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967298	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

(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
A 162	Continued From page 27 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828

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A 162	Continued From page 28 Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 29 congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident record review and interview the facility failed to ensure that 1 of 3 resident's records contained all the required information that included a copy of the resident's contact (#3). Findings: Resident record review for resident #3 revealed that a copy of the resident's contract with the facility, including any addendums to the contract, was not available for review. The assistant administrator stated that a contact had not been developed. Class	A 162		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

CERTIFIED MAIL/RETURN RECEIPT

Administrator
Avalon's Assisted Living II
13230 Early Frost Circle
Orlando, FL 32828

Dear Administrator:

Re: CCR #2012013610

This letter reports the findings of a state licensure survey that was conducted on , 2012 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. 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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