STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	06/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-06/13/2013
0008-Admissions - Health Assessment-06/13/2013
0025-Resident Care - Supervision-06/13/2013
0030-Resident Care - Rights & Facility Procedures-06/13/2013
0032-Resident Care - Elopement Standards-
0077-Staffing Standards - Administrator
0079-Staffing Standards - Levels-0€
0084-Training - Assis Self-Admin Meds & Med Mgmt-06
0165-Risk Mgmt & Qa; Adverse Incident Report-0€

Revisit Repeat Tags:
0000-Initial Comments-
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
6/13/13 conducted Assisted Living Facility follow-up to 2/19/13 to 3/8/13 complaint inspection #2013001960.

Anne's Home Assisted Living Facility had a deficiency found at the time of the visit.

THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED.
Based on record review and interview the facility failed to ensure staff maintained an accurate, daily Medication Observation Record (MORs) for 1 of 3 sampled residents (#1) and 1 random resident.

Findings:

Review of the 2013 Medication Observation Records revealed the following medications were charted as given, Staff A's initials were in the box:
Resident #1
20 milligrams (mg) at 8 AM on and
10 mg at 8 AM on and
supplement) at 8 AM on and
(for memory) 10 mg at 8 AM on and
ER (for 10 mg at 8 AM on and
1 mg at 8 PM on

Random Resident:
Omega 3 (fish oil) 1200 mg at 8 AM on and
0.2 % solution (eye drops) 1 drop each eye at 8 AM on and and at 8 PM on
0.005% (for 1 drop each eye at 8 PM on
OP 2% (for one drop each eye at 8 AM on and and at 8 PM on

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Interview with administrator on . . . . at approximately 1:30 PM who stated Staff A did not give the medications, she gave the medication, was training her to give medications and she has her medication class tomorrow. She also stated she put the medications in the cup and gives them to the residents and Staff A observed her and then signed the MOR.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Anne's Home Alf Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

RE: Revisit to CCR#2013001960

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on . .... 13, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 . 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/bc
Enclosure

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